

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065554

FILED
Feb 20, 2007
Secretary of State

Entity Name: ANNIE OAKLEY'S FURNITURE, INC.

Current Principal Place of Business:

11879 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11879 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-3266979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOM, GERARD F
1167 EXECUTIVE COVE DRIVE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NEWSOM, GERARD F
Address: 1167 EXECUTIVE COVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: V () Delete
Name: NEWSOM, MICHAEL G.
Address: 757 NEW WALES LN
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: S () Delete
Name: NEWSOM, SUZANNE B.
Address: 757 NEW WALES LN
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T () Delete
Name: NEWSOM, MARY ANN
Address: 1167 EXECUTIVE COVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERARD F NEWSOM

DP

02/20/2007

Electronic Signature of Signing Officer or Director

Date