

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P94000065554

1. Entity Name
ANNIE OAKLEY'S FURNITURE, INC.



Principal Place of Business
**11879 SAN JOSE BLVD.
JACKSONVILLE, FL 32223**

Mailing Address
**11879 SAN JOSE BLVD.
JACKSONVILLE, FL 32223**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3266979

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1000000341402
04/23/08-80023-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NEWSOM, GERARD F
STREET ADDRESS	1167 EXECUTIVE COVE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	V
NAME	NEWSOM, MICHAEL G.
STREET ADDRESS	757 NEW WALES LN
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	S
NAME	NEWSOM, SUZANNE B.
STREET ADDRESS	757 NEW WALES LN
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	T
NAME	NEWSOM, MARY ANN
STREET ADDRESS	1167 EXECUTIVE COVE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/08 904-260.0121