

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065554

FILED  
Feb 28, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GERARD F. NEWSOM

PRES

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date