


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90019 005 \*\*\*158.75

**DOCUMENT # P94000091121**

1. Entity Name  
**RTG FURNITURE CORP. OF GEORGIA**



Principal Place of Business      Mailing Address  
**11540 US HWY 92 EAST**      **11540 US HWY 92 EAST**  
**SEFFNER, FL 33584**      **SEFFNER, FL 33584**

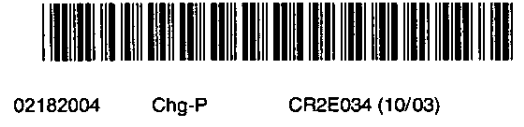
**94025096**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



**6. Name and Address of Current Registered Agent**

**BEYER, DAVID A**  
**101 E. KENNEDY BLVD, SUITE 2000**  
**TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEAMAN, JEFFREY	
STREET ADDRESS	6475 EAST JOHNS CROSSING	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE	VST	<input type="checkbox"/> Delete
NAME	FINKEL, JEFFREY	
STREET ADDRESS	6475 EAST JOHNS CROSSING	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, LEWIS	
STREET ADDRESS	11540 HIGHWAY 92 EAST	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	V	<input type="checkbox"/> Delete
NAME	KETTLE, J. MICHAEL	
STREET ADDRESS	6475 EAST JOHNS CROSSING	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STEIN, LEWIS	
STREET ADDRESS	11540 HIGHWAY 92 EAST	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400 Perimeter Center Terrace, Suite 200
CITY-ST-ZIP	Atlanta, GA 30346
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400 Perimeter Center Terrace, Suite 200
CITY-ST-ZIP	Atlanta, GA 30346
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400 Perimeter Center Terrace, Suite 200
CITY-ST-ZIP	Atlanta, GA 30346
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_      **Lewis Stein V-P**      **2-25-04**      **(813) 623-5400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #