


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90002 012 ***150.00

DOCUMENT # P94000091121					
1. Entity Name RTG FURNITURE CORP. OF GEORGIA					
Principal Place of Business 11540 US HWY 92 EAST SEFFNER, FL 33584			Mailing Address 11540 US HWY 92 EAST SEFFNER, FL 33584		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04222008 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3299892		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEYER, DAVID A 101 E. KENNEDY BLVD, SUITE 2000 TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 not listing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEAMAN, JEFFREY	NAME			
STREET ADDRESS	400 PERIMETER CENTER TERR. STE 800	STREET ADDRESS			
CITY, ST, ZIP	ATLANTA, GA 30346	CITY, ST, ZIP			
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINKEL, JEFFREY	NAME			
STREET ADDRESS	400 PERIMETER CENTER TERR. STE 800	STREET ADDRESS			
CITY, ST, ZIP	ATLANTA, GA 30346	CITY, ST, ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KETTLE, J. MICHAEL	NAME			
STREET ADDRESS	400 PERIMETER CENTER TERR. STE 800	STREET ADDRESS			
CITY, ST, ZIP	ATLANTA, GA 30346	CITY, ST, ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEIN, LEWIS	NAME			
STREET ADDRESS	11540 HIGHWAY 92 EAST	STREET ADDRESS			
CITY, ST, ZIP	SEFFNER, FL 33584	CITY, ST, ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Peter Weitzner		
STREET ADDRESS		STREET ADDRESS	400 Perimeter Center Terrace, Suite 800		
CITY, ST, ZIP		CITY, ST, ZIP	Atlanta, GA 30346		
TITLE	<input type="checkbox"/> Delete	TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Jamie Sheer		
STREET ADDRESS		STREET ADDRESS	11540 US Highway 92 East		
CITY, ST, ZIP		CITY, ST, ZIP	Seffner, FL 33584		
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: _____ <i>VP. Lewis Stein</i> 4/22/08					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					