



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

06-04-2008 90002 009 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P95000018963</b>			
1. Entity Name <b>ROOMS TO GO TENNESSEE CORP.</b>			
Principal Place of Business <b>11540 HIGHWAY 92 EAST SEFFNER, FL 33584</b>		Mailing Address <b>11540 HIGHWAY 92 EAST SEFFNER, FL 33584</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04222008	Chg-P CR2E034 (12/06)
4. FEI Number <b>59-3306991</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BEYER, DAVID C/O PIPER MARBURY RUDNICK &amp; WOLFE 101 E. KENNEDY BLVD., STE 2000 TAMPA, FL 33602</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SEAMAN, JEFFREY 11540 HIGHWAY 92 EAST SEFFNER, FL 33584</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VST FINKEL, JEFFREY 11540 HWY 92 EAST SEFFNER, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV STEIN, LEWIS 11540 HWY 92 EAST SEFFNER, FL 33584</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V KETTLE, MICHAEL J 400 PERIMETER CENTER TERRACE, SUITE 800 ATLANTA, GA 30346</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Peter Weitener 400 Perimeter Center Terrace Suite 800 Atlanta, GA 30346</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jamie Sheer 11540 Highway 92 East Seffner, FL 33584</b>
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:  <b>UP</b> <b>Lewis Stein</b>		Date <b>4/22/08</b> Daytime Phone # _____	