

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021630

FILED
Apr 15, 2008
Secretary of State

Entity Name: HENDERSON'S FAMILY FURNITURE, INC.

Current Principal Place of Business:

1976 DANA DR
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1976 DANA DR
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0484019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, STEVEN ES
2023 NE 5TH STREET
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

HENDERSON, STEVEN ES
2019 NE 5TH STREET
CAPE CORAL, FL 33909 US

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: STEVEN HENDERSON

04/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENDERSON, CARRIE
Address: 2023 NE 5TH STREET
City-St-Zip: CAPE CORAL, FL 33909

Title: V () Delete
Name: HENDERSON, STEPHENIE
Address: 2019 NE 5TH ST
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPHENIE HENDERSON

VP

04/15/2008

Electronic Signature of Signing Officer or Director

Date