


**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90174 007 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P95000072500</b>					
1. Entity Name CARSONS FURNITURE AND BEDDING INC.					
Principal Place of Business 6013 E COLONIAL DRIVE ORLANDO, FL 32807		Mailing Address <i>1515 International Suite 1001</i> <del>101 SUNNYTOWN ROAD</del> SUITE 200 CASSELBERRY, FL 32707 <i>lake mary, FL 32746</i>			
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	4. FEI Number 59-3339288	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  HECKER, ANDREW J 6013 E COLONIAL DRIVE ORLANDO, FL 32807			7. Name and Address of New Registered Agent 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: <i>[Signature]</i> <u>4/20/2007</u> <small>Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when terminating.)</small>					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HECKER, ANDREW J		NAME		
STREET ADDRESS	6013 E COLONIAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HECKER, ANDREW R		NAME		
STREET ADDRESS	6013 E COLONIAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFITH, LEE R		NAME		
STREET ADDRESS	6013 E COLONIAL DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFITH, SANDRA L		NAME		
STREET ADDRESS	6013 E COLONIAL DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HECKER, VICTORIA		NAME		
STREET ADDRESS	6013 E COLONIAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HECKER, CHRISTINA		NAME		
STREET ADDRESS	6013 E COLONIAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
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>[Signature]</i>		Date <u>4-20-07</u> Daytime Phone # <u>377-0808</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

PKWY

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