## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000053855

Entity Name: DISCOUNT CITY FURNITURE, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12967 CORTEZ BOULEVARD 3021 US 19

WESTERN WAY SHOPPING CENTER SPRING HILL, FL 34606

BROOKSVILLE, FL 34613

Current Mailing Address: New Mailing Address:

12967 CORTEZ BOULEVARD PO BOX 3842

WESTERN WAY SHOPPING CENTER SPRING HILL, FL 34611

BROOKSVILLE, FL 34613

FEI Number: 59-3460012 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SULLIVAN, NEIL SULLIVAN, NEIL 12967 CORTEZ BLVD 3021 US 19

BROOKSVILLE, FL 34613 US SPRING HILL, FL 34606 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: 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: TAMMARO, MICHAEL P (X) Change ( ) Addition Name: TAMMARO, MICHAEL

 Address:
 12967 CORTEZ BLVD
 Address:
 PO BOX 3842

 City-St-Zip:
 BROOKSVILLE, FL 34613
 City-St-Zip:
 SPRING HILL, FL 34611

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

 Name:
 SULLIVAN, NEIL
 Name:
 SULLIVAN, NEIL

 Address:
 12967 CORTEZ BLVD
 Address:
 PO BOX 3842

 City-St-Zip:
 BROOKSVILLE, FL 34613
 City-St-Zip:
 SPRING HILL, FL 34611

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 TAMMARO, MARIA
 Name:
 TAMMARO, MARIA

 Address:
 12967 CORTEZ BLVD
 Address:
 PO BOX 3842

City-St-Zip: BROOKSVILLE, FL 34613 City-St-Zip: SPRING HILL, FL 34611

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: NEIL M SULLIVAN V 04/29/2008