2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 08:00 AM DOCUMENT # P97000107623 **Secretary of State** 1. Entity Name SLUDER FURNITURE SALES, INC. Principal Place of Business Mailing Address 13705 MEADOW OAK DRIVE DOVER FL 33527 13705 MEADOW OAK DRIVE DOVER FL 33527 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE GR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3492802 Not Applical Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLUDER, THOMAS J JR Street Address (P.O. Box Number is Not Acceptable) 13705 MEADOW OAK DRIVE DOVER FL 33527 City 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. (am familiar with, and according to the state of Florida and Indiana.) the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Se \$550.00 9. Election Campaign Financing \$5.00 May : Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE TITLE ☐ Delete ☐ Change _ **□** ^... NAME NAME SLUDER. THOMAS J JR U00000480966 STREET ADDRESS 13705 MEADOW OAK DRIVE STREET ADDRESS 04/11/06-80014-00S 150.00 CITY-ST-20P DOVER FL 33527 CITY-ST-ZIP TITLE ☐ Defete DILE ☐ Change □ A: NAME SLUDER, JUDITH W NAME STREET ADORESS 13705 MEADOW OAK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527 TITLE ☐ Change DAG ☐ Defete HÙ E NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP TITLE □ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Ari NAME MARKE STREET ADDRESS STREET ADDRESS D)1Y-51-Z)P CITY-SY-ZIP TITLE Delete TITLE ☐ Change □ Ark NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes, I further certify that the information for the 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 cath; that I am an officer or directly 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Add The Company of the corporation of th