

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001075

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: SOUTHERN TRADITIONS FURNITURE GALLERY, INC.

**Current Principal Place of Business:**

7461 SUNCOAST BLVD.  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**  
7461 SUNCOAST BLVD.  
HOMOSASSA, FL 34446

**New Mailing Address:**

FEI Number: 59-3500603      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EDEN, JOHN H IV  
52 U.S. HIGHWAY 41 SOUTH  
INVERNESS, FL 34450 US

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

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HEMMES, NICOLAAS H DRS  
Address: GROOT HERTOOGINNELAAN 35  
City-St-Zip: 1405 EB BUSUM, NETHERLANDS,

Title: D ( ) Delete  
Name: PUNT, CEES MR.  
Address: RIOUWSTRAAT 141, 2585HP  
City-St-Zip: 'S-GRAVENHAGE, NETHERLANDS,

Title: P ( ) Delete  
Name: ANTILL, LINDA  
Address: 7461 S SUNCOAST BLVD  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: LINDA ANTILL

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date