## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000094059

Entity Name

HAVÉRLOCK FURNITURE CO., INC.



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

7866 MENDOZA DR. JACKSONVILLE, FL 32217 Mailing Address

7866 MENDOZA DR. ... JACKSONVILLE, FL 32217



## DO NOT WRITE IN THIS SPACE

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4. FEI Number		Applied For			
59-3543370		Not Applicabl			
E Cortificate of Status Desired		- \$8.75 Additional			

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BEARD, DARLENE 7866 MENDOZA DR. JACKSONVILLE, FL 32217

## DO NOT WRITE IN THIS SPACE

the obliga	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable, (NOTE: Regist	ered Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<b></b>		······································
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTP BEARD, DARLENE 7866 MENDOZA DR. JACKSONVILLE, FL 32217				11000		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEARD, ROBERT E 7866 MENDOZA DR. JACKSONVILLE, FL 32217				000E 04/10/6	100687463 17-80041-01	03 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP				-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 1995	-			-		
of the cor	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	nd accurate and that my sign I to execute this report as red	exemptions con nature shall hav uired by Chapt	tained in Chapter 119 e the same legal effer er 607, Florida Statute	9, Florida Statutes. I of as if made under c es; and that my name	further certify that t ath; that I am an of appears in Block	he information ficer or director 10 or Block 11 if

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