

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # G44587 1. Entity Name LONG'S UPHOLSTERY, INC.	
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Principal Place of Business C/O NEIL A. LONG 402 S. BABCOCK ST MELBOURNE FL 32901 US	Mailing Address C/O NEIL A. LONG 402 S. BABCOCK ST MELBOURNE FL 32901 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country

1st MOORE	CR2E034 (10/07)
4. FE# Number 59-2298334	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

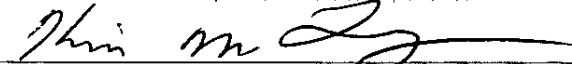
6. Name and Address of Current Registered Agent LONG, KATHLEEN M. 402 S.BABCOCK STREET MELBOURNE FL 32901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. The above named entity submits this 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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when not taking g.)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS LONG, NEIL A. 619 DUNDEE CIR WEST MELBOURNE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000826779 02/21/08-80063-014 158.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LONG, MATTHEW 2808 NOBILITY AVE MELBOURNE FL 32934 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, KATHLEEN 619 DUNDEE CIRCLE WEST MELBOURNE FL 32904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.
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SIGNATURE: 	2-11-08 (321) 723-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE