

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 172754**

1. Entity Name  
HIGDON FURNITURE CO



Principal Place of Business  
130 N VIRGINIA ST  
QUINCY, FL 32351 US

Mailing Address  
J W HIGDON  
P O BOX 1739  
QUINCY FLA, 32353

**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-0802455

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HINSON, ALEXANDER L  
121 N MADISON ST  
QUINCY, FL 32351

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

1100000099398  
03/31/04-80004-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HIGDON J WARREN 111  
STREET ADDRESS 130 N.VIRGINIA ST.  
CITY-ST-ZIP QUINCY, FL

TITLE STC  
NAME HIGDON, J.W. JR.  
STREET ADDRESS 130 N.VIRGINIA ST.  
CITY-ST-ZIP QUINCY, FL

TITLE V  
NAME HIGDON, RALPH W  
STREET ADDRESS 130 N VIRGINIA ST  
CITY-ST-ZIP QUINCY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-23-04 (850)6277564  
Date Daytime Phone #