2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOGUMENT # 172754

1. Entity Name HIGDON FURNITURE CO



FILED
May 01, 2006 08:00 Al
Secretary of State

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0802455

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

SIGNATURE:

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 little if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY - SI - ZIP	PD HIGDON J WARREN 111 130 N.VIRGINIA ST. QUINCY, FL				•
TITLE NAME STREET ADDRESS CITY -ST-ZIP	STC HIGDON, J.W. JR. 130 N.VIRGINIA ST. QUINCY, FL				U00000553518 05/15/06-80054-019 158.75
NAME SIREEI AODRESS CITY-SI-ZIP	V HIGDON, RALPH W 130 N VIRGINIA ST QUINCY, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.					