## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # 172754** 1. Entity Name HIGDON FURNITURE CO Principal Place of Business Mailing Address J W HIGDON 130 N VIRGINIA ST P 0 BOX 1739 QUINCY, FL 32351 QUINCY FLA, 32353 02212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0802455 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HINSON, ALEXANDER L DO NOT WRITE 121 N MADISON ST QUINCY, FL 32351 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution., , 10. OFFICERS AND DIRECTORS TITLE HIGDON J WARREN 111 NAME STREET ADDRESS 130 N.VIRGINIA ST. CITY-ST-ZIP QUINCY, FL STC TITLE HIGDON, J.W. JR. NAME STREET ADDRESS 130 N.VIRGINIA ST. CITY-ST-ZIP QUINCY, FL TITLE HIGDON, RALPH W NAME DO NOT WRITE STREET ADDRESS 130 N VIRGINIA ST CITY-ST-ZIP QUINCY, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 trigstee pemplowered 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 ani)address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY+ST-7IP

ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

(850)627-7564

Daytime Phone #

**FILED**