## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 219854** 

**Entity Name: WHIDDEN FURNITURE COMPANY** 

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1529 US HWY 301 PALMETTO, FL 34221

**Current Mailing Address: New Mailing Address:** 

1529 US HWY 301 PALMETTO, FL 34221

FEI Number: 59-0860373 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHIDDEN, CLARENCE W. WHIDDEN, CLARENCE W. JR 5101 19 AVE W 5101 19 AVE W BRADENTON, FL 34209 BRADENTON, FL 34209 US US

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.

SIGNATURE: CLARENCE W WHIDDEN JR 01/12/2009

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

WHIDDEN, MARY E. WHIDDEN, MARY E. Name: Name: 5101 19 AVENUE W. 5101 19 AVENUE W. Address: Address: BRADENTON, FL City-St-Zip: City-St-Zip: BRADENTON, FL 34209

Title: Title: PD (X) Change ( ) Addition () Delete WHIDDEN, CLARENCE W., JR. WHIDDEN, CLARENCE W., JR. Name: Name: 5101 19 AVENUE W. Address: 5101 19 AVENUE W. Address: BRADENTON, FL BRADENTON, FL 34209

Title: Title: STD ( ) Delete () Change () Addition

MARINE, DIANA KAY, Name: Name: 700 JACARANDA DR. Address: Address: City-St-Zip: ANNA MARIA, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE W WHIDDEN JR PD 01/12/2009