2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 330943

1. Entity Name
SCARBOROUGH FURNITURE CO

Principal Place of Business	Mailing Address
500 N SCENIC HWY FROSTPROOF, FL 33843	500 N SCENIC HWY FROSTPROOF, FL 33843

01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1214467
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCARBOROUGH,JAMES B
500 N SCENIC HWY
FROSTPROOF, FL 33843

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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 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

000000422737
02/17/06-80027-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCARBOROUGH,JAMES B
STREET ADDRESS	42 BLUE JORDAN RD
CITY-ST-ZIP	FROSTPROOF, FL
TITLE	V
NAME	SCARBOROUGH,JAMES B. II
STREET ADDRESS	334 WEST F STREET
CITY-ST-ZIP	FROSTPROOF, FL
TITLE	V
NAME	SCARBOROUGH, BARRY
STREET ADDRESS	3612 SILVER OAK CT
CITY-ST-ZIP	LAKE WALES, FL
TITLE	STD
NAME	SCARBOROUGH, BEVERLY A.
STREET ADDRESS	42 BLUE JORDAN RD
CITY-ST-ZIP	FROSTPROOF, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: X Beverly A Scarborough Beverly A Scarborough X 1-26-6 x8636354434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #