



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 330943		
1. Entity Name SCARBOROUGH FURNITURE CO		
Principal Place of Business 500 N SCENIC HWY FROSTPROOF, FL 33843		Mailing Address 500 N SCENIC HWY FROSTPROOF, FL 33843
DO NOT WRITE IN THIS SPACE		
		 02092007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-1214467
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SCARBOROUGH, JAMES B 500 N SCENIC HWY FROSTPROOF, FL 33843		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
03705707-80038-009 150.00		
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
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		
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: <i>Beverly A Scarborough</i> 02-21-7 8636552645 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		