2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 330943

Entity Name: SCARBOROUGH FURNITURE CO

Current Principal Place of Business:

500 N SCENIC HWY
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

500 N SCENIC HWY
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 59-1214467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCARBOROUGH,JAMES B
Address: 42 BLUE JORDAN RD
City-St-Zip: FROSTPROOF, FL

Title: V ( ) Delete
Name: SCARBOROUGH,JAMES B. II
Address: 334 WEST F STREET
City-St-Zip: FROSTPROOF, FL

Title: V ( ) Delete
Name: SCARBOROUGH, BARRY
Address: 3612 SILVER OAK CT
City-St-Zip: LAKE WALES, FL

Title: STD ( ) Delete
Name: SCARBOROUGH, BEVERLY A.
Address: 42 BLUE JORDAN RD
City-St-Zip: FROSTPROOF, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JAMES B SCARBOROUGH PD 04/20/2009
Electronic Signature of Signing Officer or Director — Date