# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2010**
**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
Name: SCARBOROUGH,JAMES B
Address: 42 BLUE JORDAN RD
City-St-Zip: FROSTPROOF, FL

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES B SCARBOROUGH PD 04/02/2010

Electronic Signature of Signing Officer or Director Date