


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # 476320 1. Entity Name SOUTHERN COMFORT FURNITURE, INC.	
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Principal Place of Business 12925-49TH STREET NORTH CLEARWATER, FL 33762	Mailing Address 12925-49TH STREET NORTH CLEARWATER, FL 33762
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1593594	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

BAUCOM, KEITH B.
1057 VICTORIA DRIVE
DUNEDIN, FL 34698

**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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAUCOM, KEITH B 12925 49TH STREET NORTH CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BAUCOM, TERESA B. 12925 49TH STREET NORTH CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAUCOM, BARRI B 12925 49TH STREET NORTH CLEARWATER, FL
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05/06/06-80138-002 150.00

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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:  **Keith B. Baucum** **4/21/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #