

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006259

Entity Name: FURNITURE FACTORS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2609-D TRACELAND DR
TUPELO, MS 38801

New Principal Place of Business:

Current Mailing Address:

PO BOX 2084
TUPELO, MS 388032084

New Mailing Address:

FEI Number: 64-0757414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, PAUL A
4300 BAYOU BLVD., STE 13
PENSACOLA, FL 32503 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: PCD () Delete
Name: ROBBINS, KEN
Address: 2609 D TRACELAND DR
City-St-Zip: TUPELO, MS

Title: S () Delete
Name: BUTLER, JUDY
Address: 2609 D TRACELAND DR
City-St-Zip: TUPELO, MS

Title: D () Delete
Name: DODGE, HENRY
Address: PO BOX 1688
City-St-Zip: TUPELO, MS 38802

Title: D () Delete
Name: BURRUS, SWAN
Address: 2509 LAKESHIRE DR.
City-St-Zip: TUPELO, MS

Title: D () Delete
Name: PAGE, FRED
Address: 5221-A CLIFF GOOKIN BLVD
City-St-Zip: TUPELO, MS

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:

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: KEN ROBBINS

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date