2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# G44587

Entity Name: LONG'S UPHOLSTERY, INC.

Current Principal Place of Business:

C/O NEIL A. LONG
402 S. BABCOCK ST
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

C/O NEIL A. LONG
402 S. BABCOCK ST
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 59-2298334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LONG, KATHLEEN M.
402 S.BABCOCK STREET
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

LONG, KATHLEEN M
402 S.BABCOCK STREET
MELBOURNE, FL 32901 US

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: KATHLEEN M. LONG 04/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete
Name: LONG, NEIL A.
Address: 619 DUNDEE CIR
City-St-Zip: WEST MELBOURNE, FL

Title: DVP ( ) Delete
Name: LONG, MATTHEW
Address: 2808 NOBILITY AVE
City-St-Zip: MELBOURNE, FL 32934

Title: S ( ) Delete
Name: LONG, KATHLEEN
Address: 619 DUNDEE CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904

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:

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: NEIL A. LONG DPTS 04/21/2009
Electronic Signature of Signing Officer or Director Date