

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044636

Entity Name: ALLGOOD'S FURNITURE INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

103 WEST 15TH ST.
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

103 WEST 15TH ST.
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 65-0790386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLGOOD, CATHERINE D
1421 WILDRIDGE RD
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

ALLGOOD, CATHERINE D
136 MARIN DR
PANAMA CITY, FL 32405 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: CATHERINE ALLGOOD

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ALLGOOD, BETTY L
Address: 1421 WILDRIDGE RD
City-St-Zip: LYNN HAVEN, FL 32444

Title: S/T () Delete
Name: ALLGOOD, CATHERINE D
Address: 1421 WILDRIDGE RD
City-St-Zip: LYNN HAVEN, FL 32444

Title: P () Delete
Name: ALLGOOD, CATHERINE D
Address: 1421 WILDRIDGE RD
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/T (X) Change () Addition
Name: ALLGOOD, CATHERINE D
Address: 136 MARIN DR
City-St-Zip: PANAMA CITY, FL 32405

Title: P (X) Change () Addition
Name: ALLGOOD, CATHERINE D
Address: 136 MARIN DR
City-St-Zip: PANAMA CITY, FL 32405

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: CATHERINE ALLGOOD

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date