

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002975

FILED
Feb 16, 2009
Secretary of State

Entity Name: SHAG OF MISSISSIPPI, INC.

Current Principal Place of Business:

40 DEEP SOUTH LN
PURVIS, MS 39475

New Principal Place of Business:

Current Mailing Address:

P O BOX 1358
PURVIS, MS 37475

New Mailing Address:

FEI Number: 64-0879831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: SHOWS, ROBIN G
Address: P O BOX 1726
City-St-Zip: PURVIS, MS 37476

Title: VP () Delete
Name: GRAHAM, ROBERT J
Address: P O BOX 1207
City-St-Zip: PURVIS, MS 39475

Title: VP () Delete
Name: HENDRIX, WILLIAM D
Address: 654 BAKER RD
City-St-Zip: PURVIS, MS 39475

Title: VP () Delete
Name: SHOWS, ALFRED T
Address: P O BOX 1726
City-St-Zip: PURVIS, MS 39475

Title: ST () Delete
Name: HENDRIX, REAGAN
Address: 654 BAKER RD
City-St-Zip: PURVIS, MS 39475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: REAGAN HENDRIX

Electronic Signature of Signing Officer or Director

SEC.

02/16/2009

_____ Date