

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06024

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: VON HAWK RESTORATION LABORATORIES, INC.

## Current Principal Place of Business:

24987 COUNTY RD 42  
P.O. BOX 546  
PAISLEY, FL 32767

## New Principal Place of Business:

24987 COUNTY RD 42  
PAISLEY, FL 32767

## Current Mailing Address:

24987 COUNTY RD 42  
P.O. BOX 546  
PAISLEY, FL 32767

## New Mailing Address:

FEI Number: 59-2971299      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VON HAWK, ALEXANDRA M.  
24987 COUNTY RD 42  
PAISLEY, FL 32767      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: D      ( ) Delete  
Name: VON HAWK, ALEXANDRA, M.  
Address: 24987 COUNTY RD 42  
City-St-Zip: PAISLEY, FL

Title: D      ( ) Delete  
Name: GLASS, SUSAN B  
Address: 100 LACOSTA LANE, SUITE 140  
City-St-Zip: DAYTONA BEACH, FL 32114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VON HAWK, ALEXANDRA M.

D

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date