2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2011
Secretary of State

DOCUMENT# 369616

Entity Name: MOM'S FOLLY, INC.

Current Principal Place of Business:

425 N LEE ST.
STE 100
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41295
JACKSONVILLE, FL 32203 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

PAPPAS, TED
425 N LEE STREET
#100
JACKSONVILLE, FL 32204 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

OFFICERS AND DIRECTORS:

Title: PSD
Name: PAPPAS, TED
Address: 425 N LEE ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: ESPENSHIP, JOHN M
Address: PO BOX 191 NA
City-St-Zip: LAKE CITY, FL

I hereby 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 all other like empowered.

SIGNATURE: TED PAPPAS PSD 04/01/2011

Electronic Signature of Signing Officer or Director Date