

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 370781

FILED
Jan 17, 2008
Secretary of State

Entity Name: LADONNA HAIR FASHIONS, INC.

Current Principal Place of Business:

1021 HWY. 98
DESTIN, FL 32541

New Principal Place of Business:

1021 HWY. 98
H
DESTIN, FL 32541

Current Mailing Address:

1021 HWY. 98
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-1308580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUART, DONNA W
166 FORREST ST
DEATIN, FL 32541 US

Name and Address of New Registered Agent:

STUART, DONNA W
166 FORREST ST
DESTIN, FL 32541 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:

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STUART, DONNA W
Address: 166 FORREST ST
City-St-Zip: DESTIN, FL

Title: VP () Delete
Name: WILLIAMS, JEFFREY L
Address: 6671 LAKE CANE DR.
City-St-Zip: ORLANDO, FL

Title: ST () Delete
Name: WILLIAMS, MELVIN
Address: 73-1121 KALAINI DR
City-St-Zip: WACO, TX 76710

Title: VP () Delete
Name: STUART, MICHELLE
Address: S PINE TRACE COURT
City-St-Zip: DESTIN, FL 32541

Title: ST () Delete
Name: STUART, BRETT
Address: 196 WRIGHT CR
City-St-Zip: NICEVILLE, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: WILLIAMS, MELVIN
Address: 336 GIBSON RD.
City-St-Zip: FT. WALTON BEACH,, FL 32547

Title: VP (X) Change () Addition
Name: STUART, MICHELLE
Address: 5 PINE TRACE COURT
City-St-Zip: DESTIN, FL 32541

Title: ST (X) Change () Addition
Name: STUART, BRETT
Address: 1504 BIG CREEK COVE
City-St-Zip: NICEVILLE, FL 32578

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: DONNA W. STUART

PRES

01/17/2008

Electronic Signature of Signing Officer or Director

Date