

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 453964

FILED
Jul 11, 2006
Secretary of State

Entity Name: SOUTHEASTERN BARBER SUPPLY, INC.

Current Principal Place of Business:

220 MAIN STREET
P O BOX 1367
MCCOMB, MS 39648

New Principal Place of Business:

Current Mailing Address:

PO BOX 1367
MCCOMB, MS 39649

New Mailing Address:

FEI Number: 59-1544167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, STEWART A JR
2408 PINE ISLAND COURT
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

SMITH, STEWART A SR
2408 PINE ISLAND COURT
JACKSONVILLE, FL 32224 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: STEWART A SMITH

07/11/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, STEWART A
Address: 2408 PINE ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: SMITH, STEWART
Address: 2408 PINE ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: ST () Delete
Name: SMITH, AILEEN B
Address: 2408 PINE ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
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 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: AILEEN B SMITH

SECT

07/11/2006

Electronic Signature of Signing Officer or Director

Date