

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 453964

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN BARBER SUPPLY, INC.

**Current Principal Place of Business:**

220 MAIN STREET  
MCCOMB, MS 39648

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1367  
MCCOMB, MS 39649

**New Mailing Address:**

PO BOX 502  
MCCOMB, MS 39649

**FEI Number:** 59-1544167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SMITH, STEWART A SR  
5110 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32216 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:

Electronic Signature of Registered Agent

04/14/2011

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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: STEWART A SMITH

Electronic Signature of Signing Officer or Director

PRES

04/14/2011

Date