

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 681689

FILED
Jul 21, 2009
Secretary of State

Entity Name: NANNIE LEE'S STRAWBERRY MANSION, INC.

Current Principal Place of Business:

1218 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1218 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901

New Mailing Address:

PO BOX 2818
MELBOURNE, FL 32902

FEI Number: 59-2107107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ROBERT J
1218 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901 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: ROBERT J. BROWN

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: P () Delete
Name: BROWN, ROBERT
Address: 1218 EAST NEW HAVEN AV
City-St-Zip: MELBOURNE, FL 32901 US

Title: V () Delete
Name: BROWN, ROBERT J
Address: 1218 E. NEW HAVEN AVE.
City-St-Zip: MELBOURNE, FL 32901 US

Title: STD () Delete
Name: BROWN, ROBERT J
Address: 1218 E. NEW HAVEN AVE.
City-St-Zip: MELBOURNE, FL 32901 US

Title: V () Delete
Name: JAQUAYS, LESLIE
Address: 3086 GRACE ST
City-St-Zip: WEST MELBOURNE, FL 32904 US

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:

Title: V (X) Change () Addition
Name: JAQUAYS, LESLIE
Address: 225 MYLES DRIVE
City-St-Zip: MELBOURNE, FL 32901 US

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: ROBERT J. BROWN

Electronic Signature of Signing Officer or Director

P

07/21/2009

Date