

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G64020

Entity Name: MARY LOU'S MODELS, INC.

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

% MARY LOUISE NASH
913 GULF BREEZE PKWY, 15-15A
GULF BREEZE, FL 32561

Current Mailing Address:

% MARY LOUISE NASH
PO BOX 5127
NAVARRE, FL 32566 US

FEI Number: 59-2346246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

MARY LOUISE NASH
913 GULF BREEZE PKWY, 15-15A
GULF BREEZE, FL 32561

New Mailing Address:

MARY LOUISE NASH
PO BOX 5127
NAVARRE, FL 32566 US

Name and Address of Current Registered Agent:

NASH, MARY LOUISE
913 GULF BREEZE PKWY
15-15A
GULF BREEZE, FL 32561 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NASH, MARY LOUISE,
Address: 1813 WINSTON AVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARY LOU NASH

PRES

01/09/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date