

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G64020

Entity Name: MARY LOU'S MODELS, INC.

FILED  
Mar 20, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

MARY LOUISE NASH  
PO BOX 5127  
NAVARRE, FL 32566 US

## New Mailing Address:

FEI Number: 59-2346246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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 LOUISE NASH

PRES

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date