

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01738

FILED
Apr 14, 2009
Secretary of State

Entity Name: OFF THE TOP BARBER SHOP, INC.

Current Principal Place of Business:

732 NE 36 AVENUE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

732 NE 36 AVENUE
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-2660048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, JOEL
2301 NE 32 ST
OCALA, FL 34479 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: P () Delete
Name: LANE, JOEL
Address: 2301 NE 32 ST.
City-St-Zip: OCALA, FL 34479

Title: V () Delete
Name: NESMITH, MARTHA
Address: 1505 NW 150TH AVE.
City-St-Zip: OCALA, FL 34482

Title: S () Delete
Name: LANE, JOEL
Address: 2301 NE 32 ST.
City-St-Zip: OCALA, FL 34479

Title: T () Delete
Name: NESMITH, MARTHA
Address: 1505 NW 150TH AVE
City-St-Zip: OCALA, FL 34482

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: () 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: JOEL J. LANE

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date