

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01738

FILED  
Apr 17, 2012  
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  
3415 W. ANTHONY RD., #705  
OCALA, FL 34475 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LANE, JOEL  
Address: 3415 W. ANTHONY RD. #705  
City-St-Zip: Ocala, FL 34475

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

Title: S  
Name: LANE, JOEL  
Address: 3415 W. ANTHONY RD. #705  
City-St-Zip: Ocala, FL 34475

Title: T  
Name: NESMITH, MARTHA  
Address: 1505 NW 150TH AVE  
City-St-Zip: Ocala, FL 34482

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:** JOEL J. LANE

PRES

04/17/2012

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

\_\_\_\_\_  
Date