

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K02067

Entity Name: L & G HAIR SALON, INC.

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

2905 MINNESOTA AV  
APT G  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

**Current Mailing Address:**

2905 MINNESOTA AV  
APT G  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAFRATO, L  
2905 MINNESOTA AV-G  
LYNN HAVEN, FL 32444 US

**Name and Address of New Registered Agent:**

LAFRATO, L  
2905 MINNESOTA AV  
G  
LYNN HAVEN, FL 32444 US

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: LINDA LAFRATO

04/13/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  Delete  
Name: LAFRATO, LINDA  
Address: 2905 MINNESOTA AV APT G  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP  Delete  
Name: MULLIN, DANA  
Address: 2905 MINNESOTA AV APT G  
City-St-Zip: LYNN HAVEN, FL 32444

Title:  Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP  Change  Addition  
Name: MULLIN, DANA B VP  
Address: 2905 MINNESOTA AV G  
City-St-Zip: LYNN HAVEN, FL 32444 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: LINDA LAFRATO

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date