

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11428

Entity Name: LADY DEBORAH'S, INC.

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

4875 PALM COAST PKWY NW
UNIT 1
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 353251
PALM COAST, FL 321353251

New Mailing Address:

FEI Number: 59-2962961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DEBORAH A VICE PR
4875 PALM COAST PKWY NW
UNIT 1
PALM COAST, FL 32137 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: D () Delete
Name: WILLIAMS, BENNY
Address: 4875 PALM COAST PKWY NW UNIT 1
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: WILLIAMS, DEBORAH
Address: 4875 PALM COAST PKWY NW UNIT 1
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DEBORAH A WILLIAMS

VP

02/19/2009

Electronic Signature of Signing Officer or Director

Date