

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007241

FILED
Jun 04, 2007
Secretary of State

Entity Name: ABOUT MY FATHER'S BUSINESS, INC.

Current Principal Place of Business:

3075 MCCORD BLVD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

3075 MCCORD BLVD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 51-0622948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEDRINGTON, DESHONE D
3075 MCCORD BLVD
TALLAHASSEE, FL 32303 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 () Delete
Name: HEDRINGTON, DESHONE D
Address: 3075 MCCORD BLVD
City-St-Zip: TALLAHASSEE, FL 32303

Title: V () Delete
Name: HEDRINGTON, ROLAND
Address: 3075 MCCORD BLVD
City-St-Zip: TALLAHASSEE, FL 32303

Title: RS () Delete
Name: MCGRIFF, PRISCILLA
Address: 119 TOBACCO RD
City-St-Zip: HAVANA, FL 32333

Title: ES () Delete
Name: THOMAS, LAVERNE
Address: 141 MINE RD
City-St-Zip: MIDWAY, FL 32343

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DESHONE D. HEDRINGTON

P

06/04/2007

Electronic Signature of Signing Officer or Director

_____ Date