

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007241

FILED  
Jun 18, 2009  
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:**

185 WISTERIA LANE  
HAVANA, FL 32333

**Current Mailing Address:**

3075 MCCORD BLVD  
TALLAHASSEE, FL 32303

**New Mailing Address:**

185 WISTERIA LANE  
HAVANA, FL 32333

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, DESHON D  
3075 MCCORD BLVD  
TALLAHASSEE, FL 32303      US

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

HEDRINGTON, DESHON D  
185 WISTERIA LANE  
HAVANA, FL 32333      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: \_\_\_\_\_

Electronic Signature of Registered Agent

06/18/2009

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HEDRINGTON, DESHON 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: P      (X) Change ( ) Addition  
Name: HEDRINGTON, DESHON D  
Address: 185 WISTERIA LANE  
City-St-Zip: HAVANA, FL 32303

Title: V      (X) Change ( ) Addition  
Name: HEDRINGTON, ROLAND  
Address: 185 WISTERIA LANE  
City-St-Zip: HAVANA, FL 32333

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: DESHON D HEDRINGTON

Electronic Signature of Signing Officer or Director

P

06/18/2009

Date