

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054925

Entity Name: HEAD'S FLAGS, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

3815 HENDERSON BLVD.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3815 HENDERSON BLVD.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 03-0444009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAYTON, WILLIAM A
3815 HENDERSON BLVD.
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM
813 DELTONA BLVD STE A
BOX # 1380932
DELTONA, FL 32725 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: DEVIN NEWMAN FOR ALL FLORIDA FIRM

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLAYTON, WILLIAM A
Address: 3815 HENDERSON BLVD.
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: CLAYTON, JENNY
Address: 3815 HENDERSON BLVD
City-St-Zip: TAMPA, FL 33629

Title: V () Delete
Name: HEAD, FLOYD
Address: 3815 HENDERSON BLVD.
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: HEAD, LYDIA
Address: 3815 HENDERSON BLVD.
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLAYTON, WILLIAM A
Address: 4526 GAINES RD
City-St-Zip: TAMPA, FL 33611

Title: S (X) Change () Addition
Name: CLAYTON, JENNY
Address: 4526 GAINES RD
City-St-Zip: TAMPA, FL 33611

Title: VP (X) Change () Addition
Name: HEAD, FLOYD
Address: 4526 GAINES RD
City-St-Zip: TAMPA, FL 33611

Title: T (X) Change () Addition
Name: HEAD, LYDIA
Address: 4526 GAINES RD
City-St-Zip: TAMPA, FL 33611

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: DEVIN NEWMAN FOR WILLIAM A CLAYTON

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date