

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000106718		
1. Entity Name LADIES OF SOUL INC.		
Principal Place of Business 6415 LEONA STREET JACKSONVILLE, FL 32219	Mailing Address 6415 LEONA STREET JACKSONVILLE, FL 32219	



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0750226	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAWSON, LALETTA 6415 LEONA STREET JACKSONVILLE, FL 32219	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BADGER, CAROLYN 6415 LEONA STREET JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAWSON, LALETTA 6415 LEONA STREET JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODEN, SHENITA 6415 LEONA STREET JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAY, ENGLIA 6415 LEONA STREET JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

00000549281
05/13/06-80012-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Laletta Y. Dawson* Laletta Y. Dawson

4/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone