2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# P03000146530

Entity Name: FAMILY HEADQUARTERS BARBER SHOP INC.

Current Principal Place of Business:

5370 S SUNCOAST BLVD
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

5370 S SUNCOAST BLVD
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 55-0854650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONARD, GARY
435 KINGLET AVE
HERNANDO, FL 34442 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: PD ( ) Delete
Name: CONARD, GARY
Address: 435 KINGLET AVE
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete
Name: CAREY, TOM
Address: 3020 E VERNON CT
City-St-Zip: FLORAL CITY, FL 34436

Title: VP ( ) Delete
Name: CONARD, LINDA
Address: 425 N. KINGLET AVE
City-St-Zip: HERNANDO, FL 34442

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:

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: GARY L CONARD PRES 01/13/2009

Electronic Signature of Signing Officer or Director Date