

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101178

Entity Name: LOCAL'S, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

2 S. BISCAYNE BLVD., PH#3800
MIAMI, FL 33131

New Principal Place of Business:

399 SW 18TH STREET
OKEECHOBEE, FL 34974

Current Mailing Address:

2 S. BISCAYNE BLVD., PH#3800
MIAMI, FL 33131

New Mailing Address:

399 SW 18TH STREET
OKEECHOBEE, FL 34974

FEI Number: 51-0520425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARRANTS, RAYMOND A
399 SW 18TH STREET
OKEECHOBEE, FL 34974 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: DPS () Delete
Name: ARARRANTS, RAYMOND A
Address: 399 SW 18TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RAYMOND A. ARARRANTS

DPS

03/24/2009

Electronic Signature of Signing Officer or Director

Date