

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080730

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: THE PARLOUR OF MARIANNA, INC.

## Current Principal Place of Business:

4380 LAFAYETTE STREET  
MARIANNA, FL 32446 US

## New Principal Place of Business:

## Current Mailing Address:

1396 HWY 71  
MARIANNA, FL 32448 US

## New Mailing Address:

FEI Number: 20-2922361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAKER, FRANK A  
4431 LAFAYETTE STREET  
MARIANNA, FL 32446 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: PSTD ( ) Delete  
Name: VANDERWERF, PAIGE  
Address: P.O. BOX 271  
City-St-Zip: MARIANNA, FL 32447 US

Title: VPD ( ) Delete  
Name: MADDOX, SARAH B  
Address: 1396 HIGHWAY 71  
City-St-Zip: MARIANNA, FL 32448 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SARAH MADDOX

VPD

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date