

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023474

FILED
Aug 25, 2009
Secretary of State

Entity Name: LOLI AND THE BEAN, INCORPORATED

Current Principal Place of Business:

2262 MONAGHAN DR
TALLAHASSEE, FL 32309

New Principal Place of Business:

1400 VILLAGE SQUARE BLVD
SUITE 29
TALLAHASSEE, FL 32312

Current Mailing Address:

2262 MONAGHAN DR
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 01-0857538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, DELIA B
2262 MONAGHAN DR
TALLAHASSEE, FL 32309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOWLER, SCOTT R
Address: 5328 FOXFIRE PLACE
City-St-Zip: KINGSPORT, TN 37664

Title: V () Delete
Name: FOWLER, MELISA K
Address: 5328 FOXFIRE PLACE
City-St-Zip: KINGSPORT, TN 37664

Title: T (X) Delete
Name: FOWLER, TODD F
Address: 2262 MONAGHAN DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: S (X) Delete
Name: FOWLER, DELIA B
Address: 2262 MONAGHAN DR
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOWLER, MELISA K
Address: 1601 FAIRIDGE PLACE
City-St-Zip: KINGSPORT, TN 37664

Title: V (X) Change () Addition
Name: FOWLER, DELIA B
Address: 2262 MONAGHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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: DELIA FOWLER

V

08/25/2009

Electronic Signature of Signing Officer or Director

_____ Date