

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000101193

Entity Name: EL LAUREL BARBER SHOP CORP

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

6158 SW SR 200
SUITE 105
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770843
OCALA, FL 33477

New Mailing Address:

P.O. BOX 770843
OCALA, FL 34477

FEI Number: 37-1549642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEMAN, LUIS ASNIEL
6158 SW SR 200
SUITE 105
OCALA, FL 34476 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: ALEMAN, LUIS ASNIEL
Address: 6158 SW SR 200 SUITE 105
City-St-Zip: OCALA, FL 34476

Title: VPD () Delete
Name: ALEMAN, MARYOLEN
Address: 6158 SW SR 200 SUITE 105
City-St-Zip: OCALA, FL 34476

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: ALEMAN, MARYOLEN

VPD

02/19/2009

Electronic Signature of Signing Officer or Director

Date