

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084791

FILED
Apr 20, 2009
Secretary of State

Entity Name: SHEAR FANTASY OF NORTH FLORIDA, INC.

Current Principal Place of Business:

1255 AMELIA PLAZA
FERNANDINA BEACH, FL 320341997 US

New Principal Place of Business:

Current Mailing Address:

1255 AMELIA PLAZA
FERNANDINA BEACH, FL 320341997 US

New Mailing Address:

FEI Number: 26-3361028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, ANH T
9345 FORD ROAD
BRYCEVILLE, FL 320091538 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: DPT () Delete
Name: MORGAN, ANH T
Address: 9345 FORD ROAD
City-St-Zip: BRYCEVILLE, FL 320091538 US

Title: DVP () Delete
Name: MORGAN, RONALD J
Address: 9345 FORD ROAD
City-St-Zip: BRYCEVILLE, FL 320091538 US

Title: DS () Delete
Name: BLAIR, THOMAS A
Address: 54311 EVERGREEN TRL
City-St-Zip: CALLAHAN, FL 320117874 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: DOWLING, VICKI
Address: 7010 COLLEGE AVE
City-St-Zip: BLACKSHEAR, GA 315165024 US

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: ANH T. MORGAN

DPT

04/20/2009

Electronic Signature of Signing Officer or Director

Date