

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057179

Entity Name: TREND SETTERS, INC.

FILED  
Jan 07, 2009  
Secretary of State

**Current Principal Place of Business:**

514 SOUTHWEST SECOND AVENUE  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

514 SOUTHWEST SECOND AVENUE  
OCALA, FL 34474

**New Mailing Address:**

FEI Number: 59-3458505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOOD, TERRELL  
514 SOUTHWEST SECOND AVENUE  
OCALA, FL 34474 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: D ( ) Delete  
Name: HOOD, TERREL  
Address: 514 SOUTHWEST SECOND AVENUE  
City-St-Zip: OCALA, FL 34474

Title: SV ( ) Delete  
Name: HOOD, KIM  
Address: 7450 NW 83RD CT. RD.  
City-St-Zip: OCALA, FL 34474

**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: TERREL HOOD

PRES

01/07/2009

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

\_\_\_\_\_  
Date