2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106798

Name:

Address:

City-St-Zip:

MYERS, JOY

3219 JOHN ANDERSON DR

ORMOND BEACH, FL 32176

Entity Name: BIKINI COMPANY OF VOLUSIA COUNTY INC

FILED May 14, 2007 Secretary of State

Littly Na	iie. Dikiivi	COMPAIN	TOF VOLUSIA COUN	ITT, INC.				
Current Principal Place of Business:				New	New Principal Place of Business:			
	NADA BLV BEACH, FL							
Current Mailing Address:				New Mailing Address:				
	NADA BLV BEACH, FL							
FEI Number: 59-3483604 FEI Number Applied For ()			FEI Number No	t Applicable	e () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name	Name and Address of New Registered Agent:			
235 E GRAORMOND The above	IN, LOUISE ANADE BLV BEACH, FL named enti e of Florida.	. 32176	US this statement for the	purpose of chang	ging its reg	gistered office or registered agent, or bo	th,	
SIGNATU		ronio Sian	ature of Registered Ag	ont		 Date	_	
Election Car		J	und Contribution ().	ent		Date		
OFFICERS AND DIRECTORS:				ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ROUTZAHN 247 E GRAN ORMOND B	ADA BLVD	2176	Title: Name: Addres City-St	s: 235	(X) Change () Addition JTZAHN, LOUISE E GRANADA BLVD MOND BEACH, FL 32176		
Title: Name: Address: City-St-Zip:	VP ROUTZAHN 235 E GRAN ORMOND B	NADA BLVD	2176	Title: Name: Addres City-St		() Change () Addition		
Title:	Т	() Delete		Title:		() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LOUISE P. ROUTZAHN MS 05/14/2007