

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000031956

FILED  
Apr 05, 2009  
Secretary of State

Entity Name: FONTENELE HAIR DESIGNERS INC.

**Current Principal Place of Business:**

503 GEORGIA AVE  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

503 GEORGIA AVE  
FORT PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 65-0827653      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HERNDON, LOUISE  
4712 SEAGRAPE DRIVE  
FORT PIERCE, FL 34982      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:            HERNDON, LOUISE  
Address:        4712 SEAGRAPE DRIVE  
City-St-Zip:    FORT PIERCE, FL 34982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            P            (X) Change ( ) Addition  
Name:            HERNDON, LOUISE  
Address:        4712 SEAGRAPE DRIVE  
City-St-Zip:    FORT PIERCE, FL 34982

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: LOUISE HERNDON

P

04/05/2009

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

\_\_\_\_\_ Date