

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109263

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** FOREST CITY BEAUTY & BARBER SUPPLIES, INC.

**Current Principal Place of Business:**

6925 FOREST CITY RD.  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

6925 FOREST CITY RD.  
ORLANDO, FL 32810

**New Mailing Address:**

**FEI Number:** 59-3639653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCLEAN, DIANE  
6925 FOREST CITY RD.  
ORLANDO, FL 32810 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: MCLEAN, DIANE  
Address: 2132 BLUE IRIS PL.  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: MCLEAN, VALRY  
Address: 2132 BLUE IRIS PL.  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: MCLEAN, RANDAL  
Address: 2132 BLUE IRIS PL.  
City-St-Zip: LONGWOOD, FL 32779

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

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

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:** DIANE MCLEAN

D

04/23/2008

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

\_\_\_\_\_  
Date