

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044265

Entity Name: LACEFRONT-WIG.COM INC

FILED  
Mar 16, 2012  
Secretary of State

**Current Principal Place of Business:**

9050 CYPRESS GREEN DRIVE  
101  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

10150 BELLE RIVE BLVD.  
2108  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 26-2550617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STRUNK, JULIA W  
10150 BELLE RIVE BLVD.  
2108  
JACKSONVILLE, FL 32256 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STRUNK, JULIA W  
Address: 10150 BELLE RIVE BLVD. UNIT 2108  
City-St-Zip: JACKSONVILLE, FL 32256

Title: STV  
Name: STRUNK, THOMAS M  
Address: 10150 BELLE RIVE BLVD. UNIT 2108  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: JULIA STRUNK

P

03/16/2012

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

\_\_\_\_\_  
Date