

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000044265

**Entity Name:** LACEFRONT-WIG.COM INC

**Current Principal Place of Business:**

9050 CYPRESS GREEN DRIVE  
101  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10150 BELLE RIVE BLVD.  
2108  
JACKSONVILLE, FL 32256

**FEI Number:** 26-2550617

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

Title            STV  
Name            STRUNK, THOMAS M  
Address        10150 BELLE RIVE BLVD. UNIT 2108  
City-State-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:** THOMAS STRUNK

**SECRETARY**

**04/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date