

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F26062**

1. Entity Name

THE SCISSORSMITH SALON, INC.

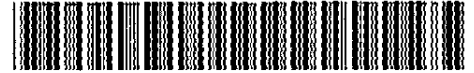


Principal Place of Business

% JANE E SMITH  
1500 E MAXWELL STREET  
PENSACOLA FL 32503-4751

Mailing Address

% JANE E SMITH  
1500 E MAXWELL STREET  
PENSACOLA FL 32503-4751



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1864426**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

SMITH, JANE E  
1500 E MAXWELL STREET  
PENSACOLA FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | DP                    | <input type="checkbox"/> Delete |
| NAME           | SMITH, JANE E         |                                 |
| STREET ADDRESS | 1500 E MAXWELL STREET |                                 |
| CITY- ST- ZIP  | PENSACOLA FL          |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | SMITH, JAMES A        |                                 |
| STREET ADDRESS | 1500 E MAXWELL STREET |                                 |
| CITY- ST- ZIP  | PENSACOLA FL          |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                                              |
|----------------|--------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                                                              |
| STREET ADDRESS |                                                              |
| CITY- ST- ZIP  |                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                                                              |
| STREET ADDRESS |                                                              |
| CITY- ST- ZIP  |                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                                                              |
| STREET ADDRESS |                                                              |
| CITY- ST- ZIP  |                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                                                              |
| STREET ADDRESS |                                                              |
| CITY- ST- ZIP  |                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                                                              |
| STREET ADDRESS |                                                              |
| CITY- ST- ZIP  |                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowered.

SIGNATURE:

*Jane E Smith* JANE E. Smith

850-433-8285