

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42310

FILED
Feb 02, 2009
Secretary of State

Entity Name: JEAN NICOLE HAIR SALONS, INC.

Current Principal Place of Business:

JEAN NICOLE HAIR SALONS INC
3300 BONITA BEACH RD #126
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 110272
NAPLES, FL 341080105 US

New Mailing Address:

FEI Number: 65-0169663 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GAST, DOUGLAS S
3300 BONITA BEACH RD #126
SUITE 301
BONITA SPRINGS, FL 34134 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: ST () Delete
Name: GAST, DOUGLAS S.,
Address: 3300 BONITA BEACH RD#126
City-St-Zip: BONITA SPRINGS, FL

Title: PD () Delete
Name: GAST, SANDRA
Address: 3300 BONITA BEACH ROAD #126
City-St-Zip: BONITA SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DOUGLAS S. GAST

ST

02/02/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date