

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42310

**FILED**  
**Jan 08, 2012**  
**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:**

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

**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:**

GAST, DOUGLAS S  
3300 BONITA BEACH RD. STE. #126  
SUITE #126  
BONITA SPRINGS, FL 34134 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: DOUGLAS S. GAST

01/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: GAST, DOUGLAS S.  
Address: 3300 BONITA BEACH RD. STE. #126  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD  
Name: GAST, SANDRA K  
Address: 3300 BONITA BEACH ROAD STE. #126  
City-St-Zip: BONITA SPRINGS, FL

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: DOUGLAS S. GAST

ST

01/08/2012

Electronic Signature of Signing Officer or Director

Date