## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

## Jan 20, 2006 08:00 AM DOCUMENT # P02000011224 **Secretary of State** HOT LOCKS A FULL SERVICE SALON, INC. Principal Place of Business Mailing Address 108 E. BLOOMINGDALE AVE. 106 E. BLOOMINGDALE AVE. BRANDON, FL 33511 BRANDON, FL 33511 CR2E034 (11/05) 01122006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 80-0032168 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SHORT, PAUL R 7522 NORTH 40TH STREET TAMPA, FL 33604 IN THIS SPACE 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. (NOTE, Registored Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JOHNSTON, EMMA JEAN 13409 MCINTOSH RD STREET ADDRESS Unnn00391418 01/24/06-80041-007 150.00 THONOTOSASSA, FL 33592 CITY-ST-ZIP NAME STREET ADDRESS CUTY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY+ST-7/P TITLE NAME STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under outh; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TIPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE AND TIPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

TO USE 120, 2006

Design of the corporation of the receiver out in the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certificate indicated in Chapter 119, Florida Statutes. I further certificate indicated in Chapter 119, Florida Statutes. I further certificate indicated in Chapter 119, Florida Statutes. I further certificate indicated in Chapter 119, Florida Statutes. I further certificate in Chapter