

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/6/2006-90034-017-\$550.00-\$550.00

DOCUMENT # P03000037910 1. Entity Name QUALITY CUTS BARBER SHOP, INC.			
Principal Place of Business 2514 E. BUSCH BLVD TAMPA FL 33612		Mailing Address 2514 E. BUSCH BLVD TAMPA FL 33612	
2. Principal Place of Business <i>2514 E Busch Blvd</i>		3. Mailing Address <i>2514 E Busch Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tampa F</i>		City & State <i>Tampa FL</i>	
Zip <i>33612</i>	Country <i>USA</i>	Zip <i>33612</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent COTTON, FREEMAN N SR 2514 E BUSCH BLVD TAMPA FL 33612		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 registering)			
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COTTON, FREEMAN N SR 2514 E. BUSCH BLVD TAMPA FL 33612	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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 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 all other like empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>9/19/2006</i> (813) 933-3061	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/06)

4. FEI Number 73-1664087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees