

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000028672

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: HAIR SHAPERS OF ALTAMONTE SPRINGS INC.

**Current Principal Place of Business:**

851 WEST STATE ROAD 436  
SUITE 1097  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

851 WEST STATE ROAD 436  
SUITE 1097  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 26-2219581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, MICHELLE L  
851 WEST STATE ROAD 436  
SUITE 1097  
ALTAMONTE SPRINGS, FL 32714 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: P ( ) Delete  
Name: WILLIAMS, MICHELLE L  
Address: 851 WEST STATE ROAD 436  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MICHELLE WILLIAMS

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date