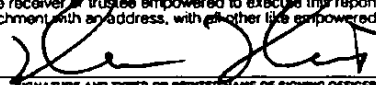


2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-27-2007 90183 036 ***158.75
P95000077164

DOCUMENT # P95000077164			
1. Entity Name EMERALD COAST HAIRCARE, INC. <i>Emerald Coast Hair Care, Inc.</i>			
Principal Place of Business 3208 DEER HAVEN BLVD PANAMA CITY BCH, FL 32408		Mailing Address 3208 DEER HAVEN BLVD PANAMA CITY BCH, FL 32408	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FLAAT, DANIEL O 3208 DEER HAVEN BLVD PANAMA CITY BCH, FL 32408		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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLAAT, DANIEL O 3208 DEER HAVEN BLVD PANAMA CITY BCH, FL 32408 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLAAT, MICHELLE M 3208 DEER HAVEN BLVD PANAMA CITY BCH, FL 32408 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 another title empowered.			
SIGNATURE: 		4/24/07 850-819-3950 Date Daytime Phone	

FILED

07 MAY -3 PM 3:43

4000 SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03212007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3340309
Applied For
Not Applicable

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