

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L42310

**FILED  
Jan 30, 2014  
Secretary of State  
CC0069131708**

**Entity Name:** JEAN NICOLE HAIR SALONS, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

PO BOX 110272  
NAPLES, FL 34108-0105 US

**FEI Number:** 65-0169663

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title            PD  
Name            GAST, SANDRA K  
Address        3300 BONITA BEACH ROAD STE.  
                  #126  
City-State-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 GAST

**SECRETARY/TREASURER 01/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date