

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000007640

**Entity Name:** ARTISAN ARTISTIC HAIR DESIGN, INC

**Current Principal Place of Business:**

12995 S. CLEVELAND AVE.  
FT. MYERS, FL 33907

**Current Mailing Address:**

12995 S. CLEVELAND AVE.  
FT. MYERS, FL 33907

**FEI Number:** 20-8179381

**Certificate of Status Desired:** No

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

SWAN, LAWRENCE  
709 CAPE CORAL PARKWAY WEST  
CAPE CORAL, FL 33914 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            PRESIDENT  
Name            TOSCANO, TAMMY  
Address        12995 S. CLEVELAND AVE.  
City-State-Zip: FT. MYERS FL 33907

*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:** TAMMY TOSCANO

**PRESIDENT**

**03/18/2016**

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

\_\_\_\_\_  
Date