

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000028672

**Entity Name:** HAIR SHAPERS OF ALTAMONTE SPRINGS INC.

**Current Principal Place of Business:**

851 WEST STATE ROAD436  
SUITE 1097  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

851 WEST STATE ROAD436  
SUITE 1097  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 26-2219581

**Certificate of Status Desired:** No

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

WILLIAMS, MICHELLE L  
851 WEST STATE ROAD436  
SUITE 1097  
ALTAMONTE SPRINGS, FL 32714 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 P  
Name WILLIAMS, MICHELLE L  
Address 851 WEST STATE ROAD 436  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** MICHELLE WILLIAMS

**PRESIDENT**

**04/23/2015**

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

\_\_\_\_\_  
Date