

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000046980

**Entity Name:** IMAGEZ HAIR GALLERY, INC.

**Current Principal Place of Business:**

100 LAKESHORE DRIVE,  
SUITE 100  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

100 LAKESHORE DRIVE, SUITE 100  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 38-3800884

**Certificate of Status Desired:** No

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

PARSONS, GAIL A OWNER  
1058 SWEET TREE CT  
APOPKA, FL 32712 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:** GAIL A PARSONS

02/16/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |                 |                       |
|-----------------|-----------------------|-----------------|-----------------------|
| Title           | PSD                   | Title           | VTD                   |
| Name            | PARSONS, GAIL A       | Name            | PARSONS, BOB EJ.R.    |
| Address         | 1058 SWEET TREE COURT | Address         | 1058 SWEET TREE COURT |
| City-State-Zip: | APOPKA FL 32712       | City-State-Zip: | APOPKA FL 32712       |

*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:** GAIL A PARSONS

OWNER

02/16/2015

Electronic Signature of Signing Officer/Director Detail

Date