

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 464527

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: HAIR-ISLAND-NAILS & MORE, INC.

**Current Principal Place of Business:**

12130 SEMINOLE BLVD  
LARGO, FL 33778

**New Principal Place of Business:**

**Current Mailing Address:**

12130 SEMINOLE BLVD  
LARGO, FL 34648

**New Mailing Address:**

FEI Number: 59-1558578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROGLE, LYNDA F  
12078 MURRAY AVE N  
LARGO, FL 33778 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: BROGLE, LYNDA F  
Address: 12078 MURRAY AVE N  
City-St-Zip: LARGO, FL 33778

Title: VD ( ) Delete  
Name: BROGLES, JOHN M  
Address: 12078 MURRAY AVE N  
City-St-Zip: LARGO, FL 33778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNDA BROGLE

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04/25/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date