

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90146 016 ***150.00

DOCUMENT # 547856

1. Entity Name

NINA'S HAIR FASHIONS, INC.



Principal Place of Business
1015 NE 22nd Ave.
3415 E SILVER SPRINGS BLVD.
OCALA FL 34470

Mailing Address
1015 NE 22nd Ave.
3415 E SILVER SPRINGS BLVD.
OCALA FL 34470



2. Principal Place of Business
1015 NE 22nd Ave.

3. Mailing Address
1015 NE 22nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State
OCALA, FL.

City & State
OCALA, FL.

4. FEI Number
59-1768105

Applied For
Not Applicable

Zip
34470

Country
MARION

Zip
34470

Country
MARION

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAK, NINA LOUISE
3415 E SILVER SPRINGS BLVD
OCALA FL 32670

Name
J. ELWYN LEAK

Street Address (P.O. Box Number is Not Acceptable)
1015 NE 22nd Ave.

City
OCALA, FL.

FL

Zip Code
34470

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

J. ELWYN LEAK

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ELWYN, LEAK J
3415 E SILVER SPRINGS BLVD
OCALA FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LEAK, NINA L
3415 E SILVER SPRINGS BLVD
OCALA, FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
J. ELWYN LEAK
1015 NE 22nd Ave.
OCALA, FL. 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. ELWYN LEAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-06 (352) 732-7777