


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90231 025 ***150.00

DOCUMENT # 635494 1. Entity Name HIGH POINT BEAUTY SALON, INC.					
Principal Place of Business 12104 CORTEZ BLVD. BROOKSVILLE, FL 34613 US			Mailing Address 1399 KASS CIR. SPRING HILL, FL 34606 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1930569	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADJAN, LOUIS 10052 TWELVE OAKS CT BROOKSVILLE, FL 34613			7. Name and Address of New Registered Agent Name Adjan, Irene Street Address (P.O. Box Number is Not Acceptable) 10052 Twelve Oaks Ct City Weeki Wachee FL Zip Code 34613		
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 <u>Irene Adjan President</u> <u>4/11/06</u> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADJAN, IRENE E 10052 TWELVE OAKS CT WEEKI WACHEE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADJAN, LOUIS 10052 TWELVE OAKS CT WEEKI WACHEE, FL	<input checked="" type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Irene Adjan</u> <u>4/11/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					