

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90010 040 \*\*\*150.00

**DOCUMENT # F28108**

1. Entity Name  
**HAIR HORIZONS, INC.**



Principal Place of Business  
**2050 SEMORAN BLVD.  
UNIT 132  
WINTER PARK, FL 32792 US**

Mailing Address  
**121 DEW DROP LANE  
CASSELBERRY, FL 32792 US**

90004011



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05122006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**59-2096624**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BOLDUC, FRANCINE  
121 DEWDROP LANE  
CASSELBERRY, FL 32707**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Francine Bolduc*

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

(NOTE: Registered Agent signature required when reinstating)

*May 17, 2006*

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**-\$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  
PD  
LAVOIE, FRANCINE  
121 DEWDROP LANE  
CASSELBERRY FL.

☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP  
PD  
BOLDUC, FRANCINE  
121 DEWDROP LANE  
CASSELBERRY, FL 32707

☐ 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:

*Francine Bolduc*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 17, 2006 407312 2282*

Date

Daytime Phone #



ATTACHMENT 40094011  
**Division of Corporations**

## 2006 Annual Report

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate  
the annual report form.**

This information cannot be changed on the report.	
Document Number	F28108
Business Entity Name	HAIR HORIZONS, INC.
Original File Date	04/02/1981

FEI Number 59-2096624

Principal Address 2050 SEMORAN BLVD.  
UNIT 132  
WINTER PARK, FL 32792 US

Mailing Address 121 DEW DROP LANE  
CASSELBERRY, FL 32792 US

Registered Agent FRANCINE BOLDUC  
121 DEWDROP LANE  
CASSELBERRY, FL 32707

### Officer/Director Name And Address

PD  
LAVOIE, FRANCINE  
121 DEWDROP LANE  
CASSELBERRY FL,

PD  
FRANCINE BOLDUC  
121 DEWDROP LANE  
CASSELBERRY, FL 32707

If all of the above  
information is correct and  
you do not wish to make  
any changes, please

If you need to make  
changes to the above  
information, please  
select: