


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90102 011 \*\*\*150.00

**DOCUMENT # F64602**  
 1. Entity Name  
**ABOVE PAR HAIR AND NAILS, INC.**



Principal Place of Business      Mailing Address  
**2725 FOREST RD**      **1399 KASS CIR**  
**SPRING HILL, FL 34606 US**      **SPRINGHILL, FL 34606 US**

40076010



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2755 Forest Rd**      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01152007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3575037**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**ADJAN, IRENE**  
**10052 TWELVE OAK CT**  
**WEEKI WACHEE, FL 34613**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**10052 Twelve Oaks Ct.**  
 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: *Irene Adjan owner*      DATE: 4-20-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VTD	<input type="checkbox"/> Delete
NAME	ADJAN, IRENE E	
STREET ADDRESS	10052 TWELVE OAKS COURT	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>Weeki Wachee FL 34613</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Irene Adjan owner*      Date: 4-20-07