## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000000739

Entity Name: BEAUTY OF NORTH FLORIDA, INC

O'CONNOR, DOUGLAS C

WICHITA, KS 67226

8100 E. 22ND ST. N. BLD. 200

Name:

Address:

City-St-Zip:

FILED Feb 03, 2009 Secretary of State

| •  |                      | ,  |   |   |  |
|--|----------------------|--|---|---|--|
| Current Principal Place of Business:     |                      |  | New Principal Place o                         | New Principal Place of Business:            |  |
| 675 N. ALAF<br>ORLANDO,                  |                      | US                                       |   |   |  |
| Current Mailing Address:                 |                      |  | New Mailing Address                           | New Mailing Address:                        |  |
| 8100 E. 22N<br>BUILDING 21<br>WICHITA, K | 00                   |  |   |   |  |
| FEI Number: 4                            | 8-1146096            | FEI Number Applied For ( )               | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )           |  |
| Name and A                               | ddress of            | Current Registered Agent:                | Name and Address of                           | New Registered Agent:                       |  |
|  | HPINE ISLAN, FL 3332 | ND ROAD<br>4 US                          | ne purpose of changing its registered         | office or registered agent, or both,        |  |
| in the State of                          |                      |  |   |   |  |
| SIGNATURE                                |                      | nic Signature of Registered.             | Agent   | <br>Date                                    |  |
| Election Camp                            |                      | ng Trust Fund Contribution ( ).          | - Agent                                       | Date  |  |
| OFFICERS AND DIRECTORS:                  |                      |  | ADDITIONS/CHANGE                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |
| Name: Address:                           | SHELTON, JÀ          | ST N. BLD 200                            | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ()Addition                         |  |
| Name: Address:                           | SHELTON, GF          | ST. N. BLD. 200                          | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ()Addition                         |  |
| Name: Address:                           | O'CONNOR, È          | ) Delete<br>OUGLAS C<br>NORTH, BLDG. 200 | Title: ( Name: Address: City-St-Zip:          | ) Change ()Addition                         |  |
| Title:                                   | STD (                | ) Delete                                 | Title:  | ) Change ( ) Addition                       |  |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DOUGLAS C OCONNOR STD 02/03/2009