

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90032 015 ***150.00

DOCUMENT # G12970 1. Entity Name ZANE & CO. HAIR SALON					
Principal Place of Business 3611 ST. JOHNS AVENUE JACKSONVILLE, FL 32205				Mailing Address 3611 ST. JOHNS AVENUE JACKSONVILLE, FL 32205	
2. Principal Place of Business - No P.O. Box # 4209 St Johns Ave Suite, Apt. #, etc. JAX FL		3. Mailing Address 4209 St. Johns Ave Suite, Apt. #, etc. JAX FL			
City & State 32210		City & State 32210		4. FEI Number 59-2354108	
Zip USA		Zip USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAW, KRASHEL ZANE 3611 ST. JOHNS AVENUE JACKSONVILLE, FL 32205				7. Name and Address of New Registered Agent Name Shaw Krashel Zane Street Address (P.O. Box Number is Not Acceptable) 4209 St-Johns Ave City JAX FL 32210	
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: K. Zane Shaw Pres. 3-12-07 (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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 SHAW, KRASHEL Z 3611 ST. JOHNS AVENUE JACKSONVILLE, FL 0.	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Shaw Krashel Z 4209 St. Johns Ave JAX FL 32210	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALTON, J. C 3611 ST. JOHNS AVE. JACKSONVILLE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALTON, J. C 4209 St. Johns Ave JAX FL 32210	☒ Change ☐ Addition
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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 to an address, with all other like empowered.					
SIGNATURE: K. Zane Shaw Pres 3-12-07 904-385533 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					