


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # H42931</b> 1. Entity Name HAIR GRAPHICS OF TUSCAWILLA, INC.		
Principal Place of Business 1340 TUSCAWILLA BLVD. SUITE 110 WINTER SPRINGS, FL 32708	Mailing Address 1340 TUSCAWILLA ROAD WINTER SPRINGS, FL 32708	

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2562529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LESTER, KENNETH JR 6500 US HWY 17-92 FERN PARK, FL	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMETREE, MICHELE A. 224 SPRINGSIDE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEJAME, ALAN 224 SPRINGSIDE LONGWOOD, FL
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
**DO NOT WRITE  
IN THIS SPACE**

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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

 695-1788  
Daytime Phone #