

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H42931

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Entity Name:** HAIR GRAPHICS OF TUSCAWILLA, INC.

**Current Principal Place of Business:**

1340 TUSCAWILLA BLVD  
SUITE 110  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1340 TUSCAWILLA ROAD  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 59-2562529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LESTER, KENNETH JR  
6500 US HWY 17-92  
FERN PARK, FL US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DEMETREE, MICHELE A.  
**Address:** 224 SPRINGSIDE  
**City-St-Zip:** LONGWOOD, FL

**Title:** V  
**Name:** NEJAME, ALAN  
**Address:** 224 SPRINGSIDE  
**City-St-Zip:** LONGWOOD, FL

I hereby 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 all other like empowered.

**SIGNATURE:** MICHELE DEMETREE

PRES

01/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date