2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H83615

1. Entity Name
FOUNTAINS II, HAIR DESIGNS, INC.

Principal Place of Business	Mailing Address
C/O CHRISTINE A. FITZPATRICK 7161 LAKEWORTH RD. LAKE WORTH, FL 33467	C/O CHRISTINE A. FITZPATRICK 7161 LAKEWORTH RD. LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

07152008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2627562	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FITZPATRICK, CHRISTINE A.
9307 WINDING WOODS DR.
LAKE WORTH, FL 33467

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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.

U000000955476
07/17/08-80006-018 150.00

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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	PST
NAME	FITZPATRICK, CHRISTINE A.
STREET ADDRESS	9307 WINDING WOODS DR
CITY-ST-ZIP	LAKE WORTH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 with an address with all other like empowered.

SIGNATURE: _____   7-15-08   5619658887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #