

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93270

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: GULF COAST HAIR CARE, INC.

**Current Principal Place of Business:**

6627 THOMAS DRIVE  
STERLING BEACH UNIT #1401  
PANAMA CITY BEACH, FL 32408 US

**New Principal Place of Business:**

806 KINGS HIGHWAY  
PORT CHARLOTTE, FL 33980 US

**Current Mailing Address:**

P.O. BOX 27609  
PANAMA CITY BEACH, FL 32411 US

**New Mailing Address:**

FEI Number: 59-2638700      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FLAAT, DAVID LOWELL  
6627 THOMAS DRIVE  
STERLING BEACH UNIT #1401  
PANAMA CITY BEACH, FL 32408 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: FLAAT, DAVID LOWELL  
Address: 1421 TROUT DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VP  
Name: FLAAT, LINDA MARIE  
Address: 1421 TROUT DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: DAVID L FLAAT

PRES

04/30/2010

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

\_\_\_\_\_ Date