

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # J24858

1. Entity Name

HAIR BY JOANN, INC.



Principal Place of Business

1333 CAPE CORAL PKWY EAST
CAPE CORAL FL 33904
US

Mailing Address

5013 S.W. 26TH PLACE
CAPE CORAL FL 33914
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2707788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LADEMAN, CARRIE E
3200 TAMiami TRAIL N.
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME POULOS, JO ANN
STREET ADDRESS 5013 SW 26TH PL
CITY- ST- ZIP CAPE CORAL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE V ☐ Delete
NAME POULOS, GEORGE
STREET ADDRESS 5013 SW 26TH PL
CITY- ST- ZIP CAPE CORAL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ST ☐ Delete
NAME POULOS, JO ANN
STREET ADDRESS 5013 SW 26TH PL
CITY- ST- ZIP CAPE CORAL FL

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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

Use

Daytime Phone #

4-4-05 239-549-5150