

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J25900**

1. Entity Name  
**EXPRESSIONS IN HAIR, INC.**



Principal Place of Business  
**8435 4TH ST N  
ST. PETERSBURG, FL 33702 US**

Mailing Address  
**8435 4TH ST N  
ST. PETERSBURG, FL 33702 US**



07032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3082523</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BIGGS, CYNDA  
6672 69TH AVE NORTH  
PINELLAS PARK, FL 34665**

**DO NOT WRITE  
IN THIS SPACE**

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

*Cynda Biggs*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

*7/3/06*

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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	P
NAME	BIGGS, CYNDA
STREET ADDRESS	6672 69TH AVE N
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	V
NAME	BIGGS, RICHARD
STREET ADDRESS	6672 69TH AVE N
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	S
NAME	BIGGS, SAVANA
STREET ADDRESS	6672 69TH AVE N
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	T
NAME	BIGGS, CYNDA
STREET ADDRESS	6672 69TH AVE NORTH
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/07/06-80005-021 150.00

**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:**

*Cynda Biggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CYNDA BIGGS President*

DATE

*7/3/06*

Daytime Phone #

*727 577-5989*