

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90079 008 ***150.00

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**

DO NOT WRITE IN THIS SPACE



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3062523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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* 7-5-07
Signature of person or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when person is vp) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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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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* *Cynda Biggs* *Pres. dir* 7-5-07 7275725289
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Document Number