2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # J55931

1. Entity Name
HAIR TODAY - GONE TOMORROW, INC.

Principal Place of Business
14914 WINDING CREEK COURT
103-B
TAMPA, FL 33613

Mailing Address
3539 GRAND FORKS DR.
LAND O LAKES, FL 34639

02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2872377
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUDSON, SALLY PRES.
3539 GRAND FORKS DR.
LAND O LAKES, FL 34639

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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.

SIGNATURE: Sally Hudson 2-7-06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	HUDSON, SALLY PRES
STREET ADDRESS	3539 GRAND FORKS DR.
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	DS
NAME	ARTHUR, CAROLE
STREET ADDRESS	1005 PAMLICO DRIVE
CITY-ST-ZIP	CARY, NC 27511
TITLE	DV
NAME	BANKS, CAROL LEE
STREET ADDRESS	15926 FARRINGHAM DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	DV
NAME	BOGUE, ERIN A
STREET ADDRESS	5029 BEACON HILL DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/06-80051-020 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sally Hudson 2-7-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #