

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # J57679

1. Entity Name
HAIRTISTICS, INC.



Principal Place of Business
**1546 NORTH WOODLAND BOULEVARD
DELAND, FL 32720**

Mailing Address
**1546 NORTH WOODLAND BOULEVARD
DELAND, FL 32720**



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2796274

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ST. JOHNS, VICKI
1546 NORTH WOODLAND BOULEVARD
DELAND, FL 32720**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ST JOHNS VICKI
STREET ADDRESS	1546 N WOODLAND BLVD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VP
NAME	MATTHEWS ALICE
STREET ADDRESS	310 W PALMETTO
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000655044
03/13/07-80090-005 150.00

**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: Vicki St Johns Vicki St Johns 3/2/07 384-736-1546
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #