

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # K75370

1. Entity Name
EXECUTIVE HAIR STYLING, INC.



Principal Place of Business
**10464 ROOSEVELT BLVD
ST. PETERSBURG, FL 33716**

Mailing Address
**10464 ROOSEVELT BLVD
ST. PETERSBURG, FL 33716**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2952530

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, WALTER E. ESQUIRE
1301 FOURTH STREET NORTH
ST PETERSBURG, FL 33731**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: MCMAHAN, DENNIS
STREET ADDRESS: 10464 ROOSEVELT BLVD
CITY-ST-ZIP: ST PETE, FL

TITLE: STD
NAME: MCMAHAN, JANET SUE
STREET ADDRESS: 10464 ROOSEVELT BLVD
CITY-ST-ZIP: ST PETE, FL

TITLE:
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CITY-ST-ZIP:

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**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: DENNIS W. MCMAHAN

Dennis W. McMahon

1-8-08

727-423-2264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #