

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K75370

FILED
Jan 15, 2009
Secretary of State

Entity Name: EXECUTIVE HAIR STYLING, INC.

Current Principal Place of Business:

10464 ROOSEVELT BLVD
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

10464 ROOSEVELT BLVD
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-2952530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PATRICK K. AMBROSE C.P.A.
10773 70TH AVE N
SEMINOLE, FL 33772 US

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.

SIGNATURE: PATRICK K. AMBROSE

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCMAHAN, DENNIS,
Address: 10464 ROOSEVELT BLVD
City-St-Zip: ST PETE, FL

Title: STD () Delete
Name: MCMAHAN, JANET SUE,
Address: 10464 ROOSEVELT BLVD
City-St-Zip: ST PETE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS W. MCMAHAN

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date