

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K82162**

1. Entity Name  
**JORGEO HAIR SALON, INC.**



Principal Place of Business  
**1712 SOUTH DALE MABRY  
 TAMPA FL 33629**

Mailing Address  
**1712 SOUTH DALE MABRY  
 TAMPA FL 33629**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2949549**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEILD, JUANITA  
 4412 W CARMEN ST  
 TAMPA FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TYPE NAME STREET ADDRESS CITY - ST - ZIP	PD FIELD, JUANITA 4412 W CARMEN ST TAMPA FL	<input type="checkbox"/> Delete
TYPE NAME STREET ADDRESS CITY - ST - ZIP	SD LEE, MALVINA 3419 REYNOLDSWOOD DR TAMPA FL 33618	<input type="checkbox"/> Delete
TYPE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TYPE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TYPE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TYPE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TYPE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TYPE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TYPE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TYPE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 03/28/07-80036-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Juanita Feild* (Pres)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07 (813) 2548114  
 Date Date/Time Phone #