


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000023359		
1. Entity Name JO'S BEAUTY SALON, LLC		
Principal Place of Business 429 PAGE BACON ROAD MARY ESTHER, FL 32569 US		Mailing Address 429 PAGE BACON ROAD MARY ESTHER, FL 32569 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HATCH, HYON C 429 PAGE BACON ROAD MARY ESTHER, FL 32569		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: <u>Hyon C. Hatch</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HATCH, HYON C 7053 SHELLFISH COURT NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HATCH, PATRICK H 703 SHELLFISH COURT NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u>Hyon C. Hatch, Hyon C. Hatch</u> 28 JAN 07 850-217-6798 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2489461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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02/07/07-80005-017 50.00

**DO NOT WRITE
IN THIS SPACE**