

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L14141

1. Entity Name
WAVE LENGTHS HAIR SALONS OF FLORIDA, INC.



**FILED
Feb 14, 2008 8:00 am
Secretary of State**

02-14-2008 90020 044 ***150.00

Principal Place of Business
6900 DANIELS PARKWAY
#33
FT. MYERS, FL 33912

Mailing Address
6900 DANIELS PARKWAY
#33
FT. MYERS, FL 33912

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

3. Mailing Address
10018 ISOLA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT MYERS, FL

Zip

Zip
33913

Country
USA

4. FEI Number
65-0151629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHURCH, JERI
6900 DANIELS PARKWAY
STE. 33
FT. MYERS, FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)
10018 ISOLA WAY

City

FORT MYERS,

FL
33913

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 reinstating)

2/8/2008

DATE

**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: PSTD
NAME: CHURCH, JERI
STREET ADDRESS: 6900 DANIELS PARKWAY # 33
CITY-ST-ZIP: FORT MYERS, FL 33912

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

10018 ISOLA WAY
FORT MYERS, FL 33913

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2008

Date

Daytime Phone #