

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90163 021 ***150.00

DOCUMENT # L20822

1. Entity Name

SANTINA'S HAIR & NAIL STUDIO, INC.



Principal Place of Business

2220 SE 28TH STREET
CAPE CORAL FL 33904

Mailing Address

2220 SE 28TH STREET
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0225033

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, BRIAN
1508 SE 17TH AVENUE
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name Richard Billian
Street Address (P.O. Box Number is Not Acceptable)
2220 SE 28th Street
City Cape Coral FL Zip Code 33904

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

Richard J. Billian Pres.

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

(NOTE: Registered Agent signature required when reconstituting)

4-25-06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BILLIAN, RICHARD	
STREET ADDRESS	2220 SE 28TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BILLIAN, CATHERINE	
STREET ADDRESS	2220 SE 28TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAGORAC, SANDRA	
STREET ADDRESS	2220 SE 28TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAGORAC, JEFF	
STREET ADDRESS	2220 SE 28TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. Billian RICHARD J. BILLIAN 4/25/06 289 425 8004

Date

Daytime Phone #