

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L36363

1. Entity Name
B & L HAIR ASSOCIATES, INC.



Principal Place of Business
267 PALM COAST PKWY
PALM COAST, FL 32137 US

Mailing Address
76 HABERSHAM DR
FLAGLER BEACH, FL 32136 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#147

City & State

City & State

Palm COAST, FL

Zip

Zip

32137

Country

Flagler

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE
DAYTONA BEACH, FL 32114

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BR
PARANZINO, ROBERT
1911 SPRUCEWOOD WAY
DAYTONA BEACH, FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
KONG, LORI
2 SUGAR MILL LANE
FLAGLER BEACH, FL 32136

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Louanne Vardakas
138 Palm COAST PKWY # 147
Palm COAST, FL 32137

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Robert Paranzino
1911 SPRUCEWOOD WAY
Port Orange, FL 32128

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

3/31/08

Date

386-445-1338

Daytime Phone #

Louanne Vardakas