



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90024 050 ***150.00

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 # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 138 Palm Coast Pkwy #147 Suite, Apt. #, etc. City & State Palm Coast, FL Zip Country 32137 Flagler	
			
		03242008 Chg-P CR2E034 (12/06)	
		4. FEI Number 59-2983362	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 1)	
TITLE	NAME	TITLE	NAME
	PARANZINO, ROBERT		President
STREET ADDRESS	1911 SPRUCEWOOD WAY	STREET ADDRESS	Louanne Vardakas
CITY-ST-ZIP	DAYTONA BEACH, FL	CITY-ST-ZIP	138 Palm Coast Pkwy #147
			Palm Coast, FL 32137
TITLE	DST	TITLE	Robert Paranzino
NAME	KONG, LORI	NAME	1911 Sprucewood Way
STREET ADDRESS	2 SUGAR MILL LANE	STREET ADDRESS	Port Orange, FL 32128
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: Louanne Vardakas <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3/31/08 Daytime Phone #: 386-445-1338	