

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L53929**

1. Entity Name  
**CONTEMPO HAIR, INC.**



Principal Place of Business

**1263 N KINGSWAY ROAD  
BRANDON, FL 33510 US**

Mailing Address

**1263 N. KINGSWAY ROAD  
BRANDON, FL 33510 US**



02062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3005839**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARSHA HURVITZ  
2317 CHERRY RIDGE LN  
BRANDON, FL 33511**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RODGERS, ANNA 2813 SEFFNER VALRICO RD. SEFFNER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HURVITZ, MARSHA 2317 CHERRY RIDGE LANE BRANDON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LAMBERT, SANDRA 4018 VALRICO GROVE DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/07/05-80047-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**MARSHA HURVITZ** 8/3  
651-1213

Date  
3/5/05

Daytime Phone #