

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90106 040 \*\*\*150.00

DOCUMENT # P00000010529

1. Entity Name

STUDIO 37 HAIR DESIGNERS, INC.



Principal Place of Business

19863 VINTAGE TRACE CIRCLE  
FORT MYERS FL 33912

Mailing Address

19863 VINTAGE TRACE CIRCLE  
FORT MYERS FL 33912

2. Principal Place of Business

6212 PRINCIPAL DR.

3. Mailing Address

6212 PRINCIPAL DR.



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

UNIT B

Suite, Apt. #, etc.

UNIT B

City & State

FORT MYERS, FL.

City & State

FORT MYERS, FL.

Zip

33919

Country

LEE

Zip

33919

Country

LEE

4. FEI Number

59-3626305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, CARL J  
2201 SECOND STREET 5TH FLOOR  
FT MYERS FL 33901

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

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**

**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 D ☐ Delete  
NAME HARDY, HELEN  
STREET ADDRESS 3465 BONITA BEACH ROAD SW STE 7  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ Delete  
NAME MCSHANE, MAUREEN  
STREET ADDRESS 3465 BONITA BEACH ROAD SW STE 7  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6212 PRINCIPAL DRIVE, UNIT B  
CITY-ST-ZIP FORT MYERS, FL. 33919

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6212 PRINCIPAL DRIVE, UNIT B  
CITY-ST-ZIP FORT MYERS, FL. 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Helen Hardy* (HELEN HARDY)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

April 1/05 (239) 267-3711