


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000020598 1. Entity Name CLASSIC HAIR AND NAILS SALON OF ORLANDO, INC.	
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Principal Place of Business 2056 AMERICANA BLVD ORLANDO, FL 32839	Mailing Address 7743 REX HILL TRAIL ORLANDO, FL 32818
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**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3629730	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
RANDOLPH, BARBARA  
1514 ABBERTON DRIVE  
ORLANDO, FL 32837

**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: *Barbara Randolph Vice President* DATE: *4/28/08*

Signature, title or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDOLPH, ALDERIDGE 1514 ABBERTON DRIVE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANDOLPH, BARBARA 1514 ABBERTON DRIVE ORLANDO, FL 32837
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**DO NOT WRITE IN THIS SPACE**

U000000346322  
05/30/08-80045-008 158.75

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: *Barbara Randolph Vice President* DATE: *4/28/08* DAYTIME PHONE #: *407 702-3111*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR