

FROM : BASIC SUC

FAX NO. : 239 540 0066

FILED
Sep 01, 2005 8:00 am
Secretary of State

07-20-2005 90026 002 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000059142 1. Entity Name SASSY SCISSORS BEAUTY SALON, INC.					
Principal Place of Business 19001 N. TAMiami TRAIL, #2 FT. MYERS, FL 33903-7306				Mailing Address 19001 N. TAMiami TRAIL, #2 FT. MYERS, FL 33903-7306	
2. Principal Place of Business 3335 SE 16th PL		3. Mailing Address 3335 SE 16th PL			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 65-0689968	
Zip 33904		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, MARY E 3335 SE 16TH PLACE CAPE CORAL, FL 33904				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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$650.00 Due by September 7, 2005		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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Delete KING, MARY E 3335 S.E. 16TH PL CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Delete KING, BAILEY C 3335 S.E. 16TH PL CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Mary King</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>			<u>7-10-05</u> <small>Date</small>		

66026762



08242005 Cng-P CR2E034 (10/03)

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC.

Business and Personal Income Tax Preparation * Accounting Services * Financial and Business Consulting

ATTACHMENT

660026-62

August 19, 2005

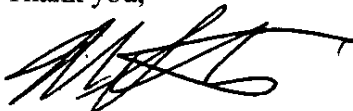
Florida Department of Revenue
PO Box 1500
Tallahassee FL 32302-1500

RE: Sassy Scissors Beauty Salon, Inc. P00000059142
3335 SE 16th Place
Cape Coral FL 33904

Enclosed please find an updated Uniform Business Report which we request be filed with the payment of \$150 that was made with the prior filing. The owner/president, Mary King, was extremely sick during this past year. She was in and out of the hospital for much of the year of 2004. Their mail was supposed to be forwarded to their home as she was not able to work at their business location when the original notice was mailed in 2005. The notice was never received and because of her life-threatening illness, they did not realize the payment was not made until recently.

Because of the above, please accept the original payment of \$150 which was made and be assured that the payments will be made in the future.

Thank you,



Mitchell Stovring, Acct.
Southwest Professional Services of So. FL, Inc.