2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90085 046 ***150.00

DOCUMENT # P00000071132

1. Entity Name
THOMASSEN BEAUTY SUPPLY, INC.

Principal Place of Business	Mailing Address
622 CYPRESS AVE VENICE FL 34285	622 CYPRESS AVE VENICE FL 34285

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
787 Commerce Dr.	787 Commerce Dr.
Suite, Apt. #, etc.: Suite 7	Suite, Apt. #, etc.: Suite 7
City & State: Venice, FL	City & State: Venice, FL
Zip: 34292 Country: US	Zip: 34292 Country: US.

4. FEI Number 65-1036988 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMASSEN, CHRISTIAN 622 CYPRESS AVE VENICE FL 34285	Name: Christian Thomassen Street Address (P.O. Box Number is Not Acceptable): 787 Commerce Dr. Suite 7 City: Venice FL Zip Code: 34292

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 _____ 2-2-07
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, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD THOMASSEN, KATHRYN E 622 CYPRESS AVE VENICE FL 34285	☐ Delete	PD Kathryn E. Thomassen 787 Commerce Dr. #7 Venice, FL 34292	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ST THOMASSEN, CHRISTIAN F 622 CYPRESS AVE VENICE FL 34285	☐ Delete	ST Christian F. Thomassen 787 Commerce, Dr. #7 Venice, FL 34292	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 2-2-07 941-484-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #