

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000110307**

1. Entity Name  
**STYLE COUNSEL HAIR STUDIO, INC.**



Principal Place of Business  
**2281 MAIN STREET  
FORT MYERS, FL 33901**

Mailing Address  
**2281 MAIN STREET  
FORT MYERS, FL 33901**



03092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1071795**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BRENNAN, LISA  
2281 MAIN STREET  
FORT MYERS, FL 33901**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BRENNAN, LISA
STREET ADDRESS	2281 MAIN STREET
CITY- ST- ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	NEUKIRCH, BRENDA
STREET ADDRESS	1626 AVALON PLACE
CITY- ST- ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	NOLLAR, PAMELA
STREET ADDRESS	2658 MICHIGAN AVENUE
CITY- ST- ZIP	FORT MYERS, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000500010  
04/25/06-80005-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Lisa Brennan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06  
Date

239-332-2345  
Daytime Phone #