

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110307

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: STYLE COUNSEL HAIR STUDIO, INC.

## Current Principal Place of Business:

2281 MAIN STREET  
FORT MYERS, FL 33901

## New Principal Place of Business:

## Current Mailing Address:

2281 MAIN STREET  
FORT MYERS, FL 33901

## New Mailing Address:

FEI Number: 65-1071795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BRENNAN, LISA A D  
2281 MAIN STREET  
FORT MYERS, FL 33901 US

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.

SIGNATURE: LISA A BRENNAN

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRENNAN, LISA  
Address: 2281 MAIN STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete  
Name: NEUKIRCH, BRENDA  
Address: 1626 AVALON PLACE  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete  
Name: NOLLAR, PAMELA  
Address: 2658 MICHIGAN AVENUE  
City-St-Zip: FORT MYERS, FL 33916

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA BRENNAN

D

02/11/2009

Electronic Signature of Signing Officer or Director

Date