2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000001905

1. Entity Name

JOYCE BROCHMAN STYLING SALON, INC.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

1557 S HIGHLAND AVE CLEARWATER, FL 33756 Mailing Address

1557 S HIGHLAND AVE CLEARWATER, FL 33756



DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For	
59-3690296		Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

POHLMAN, MARK S 801 W BAY DR, STE 515 LARGO, FL 33770 DO NOT WRITE IN THIS SPACE:

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the function of 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 and the function. SIGNATURE FILE NOWITI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campeign Financing \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS ITILE BROCHMAN, JOYCE 1557 S HIGHLAND AVE CLEARWATER, FL 33756 ITILE ITILE IMME SIREST ADDRESS CITY-ST-ZIP ITILE IMME IMME SIREST ADDRESS CITY-ST-ZIP IMME SIREST ADDRESS CITY-							
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITILE MAKE STREET ADDRESS CILEARWATER, FL 33756 ITILE MAKE STREET ADDRESS CILEY-ST-ZPP ITILE MAKE STREET ADDRESS CITY-ST-ZPP ITILE MAKE MAKE STREET ADDRESS CITY-ST-ZPP ITILE MAKE MAK	SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	xd Agent signature	required when roinstaling)		MATE
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NAME	NAME STREET ADDRESS						
CITY-ST-ZIP	NAME Street address						

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:

BIGNATURE AND TIPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

President

4-23-08 727-298-8257