


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90023 004 \*\*\*150.00

<b>DOCUMENT # P01000014419</b>	
1. Entity Name <b>THE CUTTING EDGE HAIR SALON, INC.</b>	

Principal Place of Business <b>1715 AZALEA CT. B OLDSMAR FL 34677</b>	Mailing Address <b>RANDY HERMAN 1806 LAGOVISTA BLVD PALM HARBOR FL 34685</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>RANDY HERMAN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>PO Box 64</b>
City & State	City & State <b>OLDSMAR FL</b>
Zip	Country
<b>34677</b>	<b>Pinellas</b>

1st MOORE CR2E034 (10/07)

4. FEI Number <b>59-3695439</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HERMAN, RANDY 1715 AZALEA CT. #B OLDSMAR FL 34677</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HERMAN, RANDY 1715 AZALEA CT., #B OLDSMAR FL 34677</b> <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
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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:** Randy Herman **RANDY HERMAN** 3/7/08 (813) 789-8085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR