

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000047682

1. Entity Name

MANE DESIGN HAIRCUTS, INC.



Principal Place of Business

3229 SW PORT ST LUCIE BLVD
PT ST LUCIE FL 34953

Mailing Address

3229 SW PORT ST LUCIE BLVD
PT ST LUCIE FL 34953



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-1115435

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

BOLOGNA, SUSAN A
3229 SW PORT ST LUCIE BLVD
PT ST LUCIE FL 34953

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent until time if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 BOLOGNA, SUSAN A ☐ Delete
STREET ADDRESS 1082 SE O'DONNELL LANE
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS U00000858552
CITY-ST-ZIP 04/01/08-80050-013 150.00

TITLE
NAME VP ☐ Delete
STREET ADDRESS BOLOGNA, THOMAS STEVEN
CITY-ST-ZIP 709 DUXBURY AVE.
PORT SAINT LUCIE FL 34983

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clerk

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3/3/08 P1 # FILED
Mar 14, 2008 08:00 A
Secretary of State

SIGNATURE: Susan Bologna - 3-3-08 772/201/0912