

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000051848

Entity Name: ABOUT HAIR SALON, INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

19112 COCHRAN BLVD  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

19112 COCHRAN BLVD  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

FEI Number: 65-1110733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FINLEY, WENDY P  
1647 BEACON DR  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: JOHNSON, GWENDOLYN H  
Address: 22348 MIDWAY BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DVP  
Name: FINLEY, WENDY P  
Address: 1647 BEACON DR  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

SIGNATURE: WENDY P FINLEY

VP

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date