

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000067657

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** SUMMIT HAIR RESTORATION, INC.

**Current Principal Place of Business:**

3023 EASTLAND BLVD., SUITE 113  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

3023 EASTLAND BLVD., SUITE 113  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 59-3740497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRECO, JOSEPH  
3023 EASTLAND BLVD., SUITE 113  
CLEARWATER, FL 33761 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR ( ) Delete  
Name: GRECO, JOSEPH  
Address: 3464 HAMILTON AVE  
City-St-Zip: SIESTA KEY, FL 34242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** JOSEPH F GRECO

DR

04/01/2009

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

\_\_\_\_\_  
Date