


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90344 021 ***150.00

DOCUMENT # P02000000172 1. Entity Name VICKY'S SHEAR EXPERIENCE HAIR & NAIL SALON, INC.																													
Principal Place of Business 2705 TAMiami TR #311 PUNTA GORDA, FL 33950			Mailing Address 1388 KARIN TERRACE PORT CHARLOTTE, FL 33952																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 01-0567680																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SANSOUCI, VICKY R 1388 KARIN TERRACE PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SANSOUCI, VICKY R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1388 KARIN TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 33952</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> Delete	NAME	SANSOUCI, VICKY R		STREET ADDRESS	1388 KARIN TERRACE		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VICKY SAUL</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	VICKY SAUL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: Vicky R Saul VICKY R SAUL 4-21-08 941505-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #