

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90018 013 \*\*\*150.00

DOCUMENT # P02000017212

1. Entity Name

CHAS. & CO. HAIR STUDIO, INC.



Principal Place of Business

11 VINE AVENUE  
FORT WALTON BEACH FL 32548

Mailing Address

11 VINE AVENUE  
FORT WALTON BEACH FL 32548



2. Principal Place of Business

13 Kelly Avenue  
Suite 3

3. Mailing Address

13 Kelly Avenue  
Suite 3

1st MOORE

CR2E034 (10/05)

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

4. FEI Number

27-0001192

Applied For

No/ Applicable

Zip

32547

Country

USA

Zip

32547

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLANCY, SHERI A  
11 VINE AVENUE  
FORT WALTON BEACH FL 32548

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

Signature, typed or printed name of registered agent and title if applicable

Sheri A. Clancy, president

3/30/06

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE D ☐ Delete  
NAME CLANCY, SHERI A  
STREET ADDRESS 11 VINE AVENUE  
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE S/T ☐ Delete  
NAME CLANCY, CHARLES J  
STREET ADDRESS 11 VINE AVENUE  
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/V ☒ Change ☐ Addition  
NAME Clancy, Sheri A.  
STREET ADDRESS 13 Kelly Ave Suite 3  
CITY-ST-ZIP Fort Walton Beach, FL 32547

TITLE S/T ☒ Change ☐ Addition  
NAME Clancy, Charles J.  
STREET ADDRESS 13 Kelly Ave. Suite 3  
CITY-ST-ZIP Fort Walton Beach, FL 32547

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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

Sheri A. Clancy, president 3/30/06

Date

Daytime Phone #

850-863-3099