

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023963

Entity Name: LUCY'S HAIR DESIGN, INC.

FILED  
Jun 15, 2008  
Secretary of State

## Current Principal Place of Business:

7825 KOTZ CT.  
#1132  
CHARLOTTE, NC 28269

## New Principal Place of Business:

372 TWELVE OAKS DR.  
WINTER SPRINGS, FL 32708

## Current Mailing Address:

7825 KOTZ CT.  
#1132  
CHARLOTTE, NC 28269

## New Mailing Address:

372 TWELVE OAKS DR.  
WINTER SPRINGS, FL 32708

FEI Number: 01-0625354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASINCUP, ANA L  
372 TWELVE OAKS DR.  
WINTER SPRINGS, FL 32708 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: MASINCUP, ANA L  
Address: 372 TWELVE OAKS DR.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: CFO ( ) Delete  
Name: MASINCUP, WILLIAM E  
Address: 7825 KOTZ CT. #1132  
City-St-Zip: CHARLOTTE, NC 28269

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: MASINCUP, WILLIAM E  
Address: 372 TWELVE OAKS DR.  
City-St-Zip: WINTER SPRINGS, FL 32708

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: WILLIAM E. MASINCUP

CFO

06/15/2008

Electronic Signature of Signing Officer or Director

Date