

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000029819

1. Entity Name
THE HAIR STUDIO, INC.



Principal Place of Business
**12450 S. TAMiami TR
WARM MINERAL SPRINGS, FL 34287**

Mailing Address
**12450 S. TAMiami TR
WARM MINERAL SPRINGS, FL 34287**



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0619635

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OPSATNICK, JENNIFER
2843 HOPWOOD RD.
NORTH PORT, FL 34287**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **OPSATNICK, JENNIFER**
STREET ADDRESS **2843 HOPWOOD RD.**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **P**
NAME **PROFETTO, ANNETTE**
STREET ADDRESS **6384 MALALUKA RD.**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE
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CITY-ST-ZIP

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U00000363083
05/05/05-80144-011 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 changed, or on an attachment with an address, with all other line empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 941-426-3431
Date Daytime Phone #