2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000037847

1. Entity Name

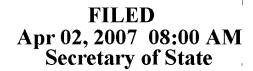
HAIR & NAIL CREATIONS OF S.W. FLORIDA, INC.



Principal Place of Business

1411 SE 47TH TERR. CAPE CORAL, FL 33904 Mailing Address

1411 SE 47TH TERR. CAPE CORAL, FL 33904





DO NOT WRITE IN THIS SPACE

4. FE! Number Applied For 01-0652615 Not Applied ble

CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

HERITAGE TAX & CONSULTING SERVICE 11220 METRO PARKWAY STE 3 FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

No Chg-P

03022007

The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent.	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Register	red Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution	
10. OFFICERS AND DIRECTORS	
TiTLE PD NAME ROSENBERGER, REGINA STREET ADDRESS 532 SW 27TH ST. CIIY-S1-ZIP CAPE CORAL, FL 33904	
TIFLE . NAME STREET ADDRESS CITY-ST-ZIP	U00000685094 04/06/07-80059-013 150.01
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	xemptions contained in Chapter 119, Florida Statutes. I further certify that the information

12. I heraby 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 frustee employeded 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. Fifth all other like emplowered

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/28/8/9/ 488 × 18/