


FILED
Aug 20, 2007 8:00 am
Secretary of State

07-17-2007 90136 009 ***550.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000052805 1. Entity Name HAIR RAZORS, INC.	
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Principal Place of Business 1031 CARLTON ARMS BLVD. BRADENTON, FL 34208	Mailing Address 4208 1ST AVE NE BRADENTON, FL 34208
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66021164



07122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3057327	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent MOORE, BRENDA 4208 1ST AVE NE BRADENTON, FL 34208
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT MOORE, BRENDA 4208 1ST AVE NE BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS MOORE, DAVID 4208 1ST AVE NE BRADENTON, FL 34208
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**DO NOT WRITE
IN THIS SPACE**

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: Wanda Moore VP 8-15-07 941 748-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone