


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

| | |
|---|---|
| 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 75-3057327 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MOORE, BRENDA
4208 1ST AVE NE
BRADENTON, FL 34208

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|---------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 05/05/08-80019-025 150.00 |
|---|---|---------------------------|

10. OFFICERS AND DIRECTORS

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|--|--|
| 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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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Brenda Moore* **VP** **4-15-08** **941-745-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #