

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000095055

1. Entity Name

CONTESSA'S ALL-STAR BARBERSHOP, INC.



Principal Place of Business

7343 LAKE WORTH RD.
LAKE WORTH, FL 33467

Mailing Address

7343 LAKE WORTH RD.
LAKE WORTH, FL 33467



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3869647** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONTESSA, RONALD
7343 LAKE WORTH RD
LAKE WORTH, FL 33467

**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, 2006 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	CONTESSA, RONALD
STREET ADDRESS	7343 LAKE WORTH RD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	S
NAME	CONTESSA, DAVID R
STREET ADDRESS	3852 CYPRESS LAKE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	T
NAME	CONTESSA, JONATHAN
STREET ADDRESS	266 RIVER BLUFF LANE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Ronald Contessa **RONALD CONTESSA** Pres. 1/5/06 (561) 236-8596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #