2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000101447

1. Entity Name

NAME STREET ADDRESS

CITY-ST-ZIP

CLASSIE'N SASSIE BEALITY SALON INC



FILED Apr 23, 2008 08:00 AM Secretary of State

CLASSIE IN SASSIE BEAUTY SALON, INC.								
Principal Place of Business 10957 ATLANTIC BLVD. SUITE F JACKSONVILLE FL 32225		Mailing Address 10957 ATLANTIC BLVD. SUITE F JACKSONVILLE FL 32225						
2. Principal l	Place of Business - No P.O. Box #	3. Mailing Address			! !!!	9))141	I(8) 4 	
Suite, Apt. # etc.		Suite, Apt. #, etc.			1;	st MOORE CR2E0:	34 (10/07)	
City & State		City & State			4. FEI Number 56-2300870 Applied For Not Applicable			
Zıp	Country	Z:p	Country		5. Certificat	e of Status Desired	\$8.75 A	Additional
	6. Name and Address of Current	Registered Agent	'	1	7. Name an	d Address of New Registere	<u> </u>	
	100 100 100 100 100 100 100 100 100 100		Name					
384	DDICK, MAXINE E SCARLET BULLER LANE N CKSONVILLE FL 32225	IORTH	Street	Street Address (P.O. Box Number is Not Acceptable)				
٥٨٥	DRSOIVILLE I L 32225							
			City			F	L Zip Ci	ode
the obliga	e named entity submits this statement folions of registered agent. Souther, typed or corred have all registrod agent.		S registered office of Figure 1997			oth, in the State of Florida. I ai		h. and accept
After	ILE NOW!!!-FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department o			.,		Election Campaign Finar Trust Fund Contribution.		5.00 May Be dded to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFICERS AN	ID DIRECTO)RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O REDDICK, MAXINE 384 SCARLET BULLER LANE NOF JACKSONVILLE FL 32225	□ Derde	TITLE NAME SIREET ADDRESS CITY-ST-ZIP			000000915880 05/12/08-80006-	□ Changa 010 150	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REDDICK, JIMMIE B 384 SCARLET BULLER LANE NOF JACKSONVILLE FL 32225	☐ De ete	TITLE NAME STRFET ADDRESS CITY-ST-ZIP				Change	e 🔲 Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Derete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	e [] Addition
TREE NAME STREET ADDRESS SHY-ST-ZIP		☐ Defele	TITEL NAME STREET ADDRESS CITY-ST-ZIP				Change	e 🗌 Addition
HIFLE HAME STREET ADDRESS CITY+ST-ZIP		□ De-ete	TITLE NAME STREET ADDRESS CITY-S1-ZIP				☐ Change	e 🔲 Addition
TITS.F		☐ De-ete	TITLE		•		Change	: Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. Efurther 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 inade 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 first empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

Паучлю Расия #

Change

Addition