

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

**DOCUMENT # P02000101541**

1. Entity Name

CLASSIE'N SASSIE III BRAID SHOP, INC.



Principal Place of Business

10957 ATLANTIC BLVD STE F  
JACKSONVILLE FL 32225

Mailing Address

10957 ATLANTIC BLVD STE F  
JACKSONVILLE FL 32225



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. # etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

57-1135440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDDICK, MAXINE  
384 SCARLET BUGLER LANE N  
JACKSONVILLE FL 32225

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 only, if applicable.

NOTE: Registered Agent's return required when not applicable.

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME REDDICK, MAXINE E  
STREET ADDRESS 384 SCARLET BUGLER LYN  
CITY- ST- ZIP JACKSONVILLE FL 32225

TITLE ☐ Change ☐ Addition  
NAME 000000915874  
STREET ADDRESS 05/12/08-80006-004 150.00  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS REDDICK, JIMMIE  
CITY- ST- ZIP 384 SCARLET BUGLER LN  
JACKSONVILLE FL 32225

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exec

Digitize Form #