

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108772

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** TALK OF THE TOWN HAIR SALON, INC.

**Current Principal Place of Business:**

2958 PENN AVE  
MARIANNA, FL 32448

**New Principal Place of Business:**

**Current Mailing Address:**

2958 PENN AVE  
MARIANNA, FL 32448

**New Mailing Address:**

**FEI Number:** 41-2059478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRIS, LOUY  
2603 HWY 73 S  
MARIANNA, FL 32448 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BAGGETT, JANA G  
Address: 2958 PENN AVE  
City-St-Zip: MARIANNA, FL 32448

Title: STD ( ) Delete  
Name: HARRIS, LORI A  
Address: 2603 HWY 73 S  
City-St-Zip: MARIANNA, FL 32448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI A HARRIS

STD

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date