


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90167 019 \*\*\*150.00

<b>DOCUMENT # P02000131717</b> 1. Entity Name <b>JAN'S TRENDSETTER SALON, INC.</b>																																
Principal Place of Business <b>101 N 4TH US #1, STE 119</b> <b>FORT PIERCE, FL 34947</b>			Mailing Address <b>101 N 4TH US #1, STE 119</b> <b>FORT PIERCE, FL 34947</b>																													
2. Principal Place of Business - No P.O. Box # <b>145 North US 1</b> Suite, Apt. #, etc.		3. Mailing Address <b>145 North US 1</b> Suite, Apt. #, etc.																														
City & State <b>Fort Pierce FL</b> Zip <b>34950</b> Country <b>US</b>		City & State <b>Fort Pierce FL</b> Zip <b>34950</b> Country <b>US</b>		4. FEI Number <b>30-0191853</b>																												
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																												
6. Name and Address of Current Registered Agent  <b>LEE, JENNIFER JANNIFER</b> <b>1720 TIMBERLAKE DR 109 N. 38th Street</b> <b>FT PIERCE, FL 34947</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Jennifer A. Lee</i></u> (NOTE: Registered Agent signature required when reinstating) DATE																																
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>LEE, JANNIFER</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>1720 TIMBERLAKE DR 109 N. 38th Street</b></td> <td></td> </tr> <tr> <td></td> <td><b>FORT PIERCE, FL 34947</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	<b>LEE, JANNIFER</b>		CITY-ST-ZIP	<b>1720 TIMBERLAKE DR 109 N. 38th Street</b>			<b>FORT PIERCE, FL 34947</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	STREET ADDRESS					CITY-ST-ZIP				
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #