

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000035857

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA HAIR SOLUTIONS, INC.

**Current Principal Place of Business:**

1705-A MARINERS COVE  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

207 PARK PLACE BLVD.  
SUITE 2  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1705-A MARINERS COVE  
FORT PIERCE, FL 34950

**New Mailing Address:**

702 S 9TH STREET  
FORT PIERCE, FL 34950

**FEI Number:** 04-3753704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, DONNA R  
1705-A MARINERS COVE  
FORT PIERCE, FL 34950 US

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

SCOTT, DONNA R  
702 S 9TH STREET  
FORT PIERCE, FL 34950 US

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:** DONNA R SCOTT

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** SCOTT, DONNA R  
**Address:** 702 S 9TH STREET  
**City-St-Zip:** FORT PIERCE, FL 34950

I hereby 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 all other like empowered.

**SIGNATURE:** DONNA R SCOTT

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date