

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000045325

1. Entity Name

A HEAVENLY PLACE IN HAIR, INC.



Principal Place of Business

C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR STE 1014
FT WALTON BEACH, FL 32547

Mailing Address

C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR STE 1014
FT WALTON BEACH, FL 32547



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2349591

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FOSTER, WILLIAM S
C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR STE 1014
FT WALTON BEACH, FL 32547

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME THOMPSON, SHARLETTE G
STREET ADDRESS 437-I MARY ESTHER CUT-OFF
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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U00000561192
05/13/06-80004-019 150.00

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IN THIS SPACE**

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

Date

4/20/06

Daytime Phone

850-243-2297