

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066810

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** GREAT LOOKS SALONS CORPORATION

**Current Principal Place of Business:**

10639 NARCOOSSEE ROAD  
ORLANDO, FL 32832 US

**New Principal Place of Business:**

**Current Mailing Address:**

10639 NARCOOSSEE RD  
ORLANDO, FL 32832 US

**New Mailing Address:**

**FEI Number:** 76-0734715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAWTHORN, DOREEN  
10639 NARCOOSSEE ROAD  
ORLANDO, FL 32832 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: P ( ) Delete  
Name: HAWTHORN, DOREEN  
Address: P.O. BOX 135002  
City-St-Zip: CLERMONT, FL 34713 US

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

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:** DOREEN HAWTHORN

PRES

04/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date