

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90044 021 ***150.00

DOCUMENT # P03000088272					
1. Entity Name HAIR BY SAMUEL, INC.					
Principal Place of Business 10841 BREAKER LN NAPLES, FL 34109			Mailing Address 10841 BREAKER LN NAPLES, FL 34109		
2. Principal Place of Business 5200 Tamiami Tr N Suite, Apt. #, etc. Suite 101 City & State Naples, FL Zip 34103			3. Mailing Address 5200 Tamiami Tr N Suite, Apt. #, etc. Suite 101 City & State Naples, FL Zip 34103		
Country US			Country US		
4. FEI Number 41-2104900					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LANG, DEBORAH P 10841 BREAKER LN NAPLES, FL 34109					
7. Name and Address of New Registered Agent Name: Deborah P Lang Street Address (P.O. Box Number is Not Acceptable): 14626 Indigo Lakes Circle City: Naples FL Zip Code: 34119					
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: <i>Deborah P. Lang</i> DATE: 8/2/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	NAME	LANG, DEBORAH P	STREET ADDRESS
					10841 BREAKER LN
					CITY-ST-ZIP
					NAPLES, FL 34109
TITLE	D	<input type="checkbox"/> Delete	NAME	HARRISON, FAYE A	STREET ADDRESS
					10841 BREAKER LN
					CITY-ST-ZIP
					NAPLES, FL 34109
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS
					CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS
					CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS
					CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS
					CITY-ST-ZIP
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS
					14626 Indigo Lakes Circle
					CITY-ST-ZIP
					Naples, FL 34119
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS
					110 Tuscany Ct., Apt. 504
					CITY-ST-ZIP
					Naples, FL 34119
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS
					CITY-ST-ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS
					CITY-ST-ZIP
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 life empowered.					
SIGNATURE: <i>Deborah P. Lang</i> 8/2/06 239-261-3309 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50024580



08022006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

8/2/06

ATTACHMENT

Hair by Samuel Inc.
5200 Tamiami Trail N, Suite 101
Naples, FL 34103
(239) 261-3309

50024580

August 2, 2006

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE:P03000088272

Enclosed is our 2006 annual report. We regret that this report is being filed late. We did not receive the notice because of a change of address. We have enclosed a check for \$150 and respectfully request that the late fee be waived.

Sincerely,



Deborah Lang