

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000108313

Entity Name: HAIR D'ZIGNS INC.

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9680 ARGYLE FOREST BLVD  
22  
JACKSONVILLE, FL 32222

**New Principal Place of Business:**

**Current Mailing Address:**

8614 STAGEHOUSE MILL CT.  
JACKSONVILLE, FL 322448465

**New Mailing Address:**

FEI Number: 27-0069105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, CLAUDE D  
8614 STAGEHOUSE MILL CT.  
JACKSONVILLE, FL 32244 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  
Name: JONES, MARCY A  
Address: 8614 STAGEHOUSE MILL CT.  
City-St-Zip: JACKSONVILLE, FL 322448465

Title: VP  
Name: JONES, CLAUDE D  
Address: 8614 STAGHOUSE MILL CT.  
City-St-Zip: JACKSONVILLE, FL 322448465

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: MARCY A. JONES

PRES

02/15/2010

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

\_\_\_\_\_  
Date