

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 16, 2006 8:00 am
Secretary of State

04-20-2006 90176 018 ***150.00

DOCUMENT # P03000124485

1. Entity Name
SPECTRUM HAIR SALON, INC.



Principal Place of Business
**254 CENTRAL AVENUE
SUITE A
WINTER HAVEN, FL 33880 US**

Mailing Address
**254 CENTRAL AVENUE
SUITE A
WINTER HAVEN, FL 33880 US**



2. Principal Place of Business
254 W. Central Avenue

3. Mailing Address
254 W. Central Avenue

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Winter Haven, Florida

City & State
Winter Haven, Florida

Zip
33880

Country
USA

Zip
33880

Country
USA

03132006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0373172

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
Janet Larence

Street Address (P.O. Box Number is Not Acceptable)

254 W. Central Avenue, Suite A

City
Winter Haven

FL **33880**

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 *Janet Larence*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-10-06

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LARENCE, APRIL
2821 CROWN POINT DRIVE
HAINES CITY, FL 33844** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LARENCE, WILLIAM
2821 CROWN POINT DRIVE
HAINES CITY, FL 33844** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**254 W. Central Avenue, Suite A
Winter Haven, FL 33880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**254 W. Central Avenue, Suite A
Winter Haven, FL 33880**

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 supplementary 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: *William F. Larence* **WILLIAM F. LARENCE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06

Date

(863) 292-9064

Daytime Phone #