

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**



**DOCUMENT # P04000040141**

1. Entity Name  
**PET STARR SALON, INC**

Principal Place of Business      Mailing Address  
**2345 SEVEN SPRINGS BLVD.**      **2345 SEVEN SPRINGS BLVD.**  
**NEW PORT RICHEY FL 34655**      **NEW PORT RICHEY FL 34655**  
**US**      **US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 State, Apt. #, etc.      State, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State      4. FEI Number      Applied For  
**16-1693632**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>LAWRENCE, CARBEE R</b> <b>3745 QUAIL FOREST DR.</b> <b>TARPON SPRINGS FL 34688</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

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 *Carbee Lawrence*      DATE **1-23-08**  
Signature, typed or printed name of registered agent. If applicable.      (NOTE: Registered Agent signature requires photo stamp)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees  
 Trust Fund Contribution     

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>LAWRENCE, CARBEE R</b> <b>2345 SEVEN SPRINGS BLVD.</b> <b>NEW PORT RICHEY FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECR</b> <b>LAWRENCE, CARBEE R</b> <b>2345 SEVEN SPRINGS BLVD.</b> <b>NEW PORT RICHEY FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000000798994</b> <b>01/30/08-80051-013-150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carbee Lawrence*      DATE **1-23-08**      PHONE **727 3728821**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #