

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90205 026 ***150.00

DOCUMENT # P04000064479

1. Entity Name
PERSONAL TOUCH HAIR AND BEAUTY RETAIL, INC.



Principal Place of Business
**4000 PONCE DE LEON BLVD., SUITE 470
CORAL GABLES, FL 33146**

Mailing Address
**307 NE 36TH AVE
1
OCALA, FL 34470**

60030751



2. Principal Place of Business
3602 NE 8TH PL

3. Mailing Address

Suite, Apt. #, etc.
E

Suite, Apt. #, etc.

City & State
OCALA

City & State

02012006

Chg-P

CR2E034 (11/05)

4. FEI Number
41-2151308

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
34470

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LILLY, JACULINE R
307 NE 36TH AVE
1
OCALA, FL 34470**

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LILLY, JACULINE R
307 NE 36TH AVE, # 1
OCALA, FL 34470** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEWIS-MILLER, GLYNN
4000 PONCE DE LEON BLVD., SUITE 470
CORAL GABLES, FL 33146** ☐ 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**D
LEWIS-MILLER, GLYNN
307 NE 36TH AVE #1
OCALA, FL 34470**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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: ☒

J. R. Lilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/06
Date

Daytime Phone #