

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000064479

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



Principal Place of Business
**3602 NE 8TH PL
#E
OCALA, FL 34470**

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



01202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2151308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 J. R. Lilly
Signature, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

04/19/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
LILLY, JACULINE R
307 NE 36TH AVE, # 1
OCALA, FL 34470**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

U000000726533
05/04/07-80013-023 150.00

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IN THIS SPACE**

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

04/19/07

Date

Daytime Phone #