

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90015 036 ***150.00

| | | | |
|--|--|---|---|
| DOCUMENT # P04000082243 1. Entity Name SOUTHWEST FLORIDA HAIRCARE, INC. | | | |
| Principal Place of Business 6900-5 DANIELS PKWY FORT MYERS, FL 33912 | | Mailing Address P.O. BOX 100388 CAPE CORAL, FL 33910 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 6900-5 Daniels Pkwy Suite, Apt. #, etc. | |
| City & State Fort Myers | | City & State Fort Myers | |
| Zip 33912 | Country FL | Zip 33912 | Country FL |
| 4. FEI Number 55-0868829 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AMBROSE, JOHN M 3716 S.W. 3RD STREET CAPE CORAL, FL 33991 | | 7. Name and Address of New Registered Agent Name William McCoy Street Address (P.O. Box Number is Not Acceptable) 6637 Plantation Preserve City Fort Myers FL Zip Code 33912 | |
| 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 William McCoy 2/22/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD MCCOY, YOUNG M 6637 PLANTATION PRESERVE FORT MYERS, FL 33912 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCCOY, WILLIAM D 6637 PLANTATION PRESERVE CAPE CORAL, FL 33912 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP MASTROPOLE, KENDRA R 3506 S.W. 3RD STREET CAPE CORAL, FL 33991 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP MASTROPOLE, ANTHONY V 3506 S.W. 3RD STREET CAPE CORAL, FL 33991 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST AMBROSE, MAUREEN E 3716 S.W. 3RD STREET CAPE CORAL, FL 33991 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST AMBROSE, JOHN M 3716 S.W. 3RD STREET CAPE CORAL, FL 33991 | <input checked="" type="checkbox"/> Delete | <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 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: William McCoy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 2-22-06 <small>Date Daytime Phone #</small> | |