2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 08:00 Al Secretary of State

ANNUAL REPORT					- 0.00		
DOCU	MENT # P040001499	46		Secretary	of Sta		
Entity Name FRAN'S HAIR DESIGNS INC.							
FRAN'S	HAIR DESIGNS INC.						
Principal Plac	e of Business	Mailing Address	, ,	7			
6 FLORIDA P		6 FLORIDA PARK DR. Palm Coast, Fl. 32137	•	. ,			
PALM COAST	1, FL 32131	PALMICONSI, IL SEISI)((1 111)		
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	•			5. Certificate of Status Desired \$8.75 Ad			
			 	5. Certificate of Status Desireo Fee Require	ed		
	6. Name and Address of Current Re	gistered Agent	-				
PUCCI, MARIA F 6 FLORIDA PARK DRIVE				DO NOT WRITE			
PALM COAST, FL 32137				IN THIS SPACE			
				III TIIIO OI AOL			
				The state of the s			
	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its register	rea office or registe	ered agent, or both, in the State of Florida. I am familiar with	, апо ассері		
SIGNATURE.							
, ,	Signature, typed or printed name of registered agent and	tille if applicable. (NOTE: Register	ed Agent signature require	ed when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be ded to Fees			
10.	OFFICERS AND DI	RECTORS	_				
TITLE NAME	P PUCCI, MARIA F						
STREET ADDRESS	6 FLORIDA PARK DRIVE			1100000202451			
CITY-SI-ZIP	PALM COAST, FL 32137		_	U00000793451 01/25/08-80809-015_15	0.00		
TITLE NAME				, .			
STREET ADDRESS							
CITY-ST-ZIP			_				
NAME							
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STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME			•	•			

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:

CITY-ST-ZIP

Maria Tucci

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date Daytime Prione 4