



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000151996 1. Entity Name A CUT ABOVE FAMILY SALON, INC.	
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Principal Place of Business 11705 S. PLEASANT GROVE RD. FLORAL CITY, FL 34436	Mailing Address 11705 S. PLEASANT GROVE RD. FLORAL CITY, FL 34436
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DO NOT WRITE IN THIS SPACE

	
04112008 No Chg-P CR2E034 (11/05)	
4. FEI Number 51-0527433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIS, RUTH 11705 S. PLEASANT GROVE RD. FLORAL CITY, FL 34436
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, RUTH 11705 S. PLEASANT GROVE RD. FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, THOMAS A 11705 S. PLEASANT GROVE RD. FLORAL CITY, FL 34436
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04/25/08-80082-012 150.00

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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 <u>Ruth A. Ellis</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4-14-08</u> Daytime Phone # <u>352-726-8600</u>