

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000151996

1. Entity Name

A CUT ABOVE FAMILY SALON, INC.



Principal Place of Business

11705 S. PLEASANT GROVE RD.
FLORAL CITY, FL 34436

Mailing Address

11705 S. PLEASANT GROVE RD.
FLORAL CITY, FL 34436

DO NOT WRITE IN THIS SPACE

FILED
Apr 18, 2007 08:00 AM
Secretary of State



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number

51-0527433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ELLIS, RUTH
11705 S. PLEASANT GROVE RD.
FLORAL CITY, FL 34436

**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 _____

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, 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 D
NAME ELLIS, RUTH
STREET ADDRESS 11705 S. PLEASANT GROVE RD.
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE D
NAME ELLIS, THOMAS A
STREET ADDRESS 11705 S. PLEASANT GROVE RD.
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

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04/28/07-80011-014 150.00

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: Ruth C. Ellis, Resident 4-15-07 352 726 8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #