

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # P05000003320

1. Entity Name
STAX HAIR SALON, INC.



Principal Place of Business

1020 NW 23RD AVENUE
SUITE D
GAINESVILLE, FL 32609 US

Mailing Address

1020 NW 23RD AVENUE
SUITE D
GAINESVILLE, FL 32609 US



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2099717	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

WILSON, SUSAN M
4912 NW 37TH DRIVE
GAINESVILLE, FL 32605

**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 NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, SUSAN M 4912 NW 37TH DRIVE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEACH, JESSICA A 1020 NW 23RD AVENUE, STE D GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WILSON, SUSAN M 4912 NW 37TH DRIVE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BEACH, JESSICA A 1020 NW 23RD AVENUE, STE D GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WILSON, JOHNNY R 4912 NW 37TH DRIVE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/20/07-80136-016 150.00

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:

Susan M Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07 352.376.0778
Date Daytime Phone #