

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003320

Entity Name: STAX HAIR SALON, INC.

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2099717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, SUSAN M
Address: 4912 NW 37TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: DIR () Delete
Name: WILSON, SUSAN M
Address: 4912 NW 37TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: DIR () Delete
Name: WILSON, JOHNNY R
Address: 4912 NW 37TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: S () Delete
Name: WILSON, SUSAN
Address: 4912 NW 37TH DR
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN WILSON

PRES

05/06/2009

Electronic Signature of Signing Officer or Director

Date