

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000012449

Entity Name: KLASSY KUTS, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

193 NW WILLOW GROVE AVE  
ST. LUCIE WEST, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

193 NW WILLOW GROVE AVE  
ST. LUCIE WEST, FL 34986

**New Mailing Address:**

FEI Number: 43-2071724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASALE, LISA  
193 NW WILLOW GROVE AVE  
ST. LUCIE WEST, FL 34986 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CASALE, LISA  
Address: 193 NW WILLOW GROVE AVE  
City-St-Zip: ST. LUCIE WEST, FL 34986

Title: VPD  
Name: CASALE, DANIEL  
Address: 193 NW WILLOW GROVE AVE  
City-St-Zip: ST. LUCIE WEST, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: LISA CASALE

PRES

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date