

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P05000016883

1. Entity Name
STUDIO 78 UNISEX HAIR SALON, INC.



Principal Place of Business
311 SOUTH PALMETTO AVENUE
DAYTONA BEACH, FL 32114

Mailing Address
P.O. BOX 12237
DAYTONA BEACH, FL 32120



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2272153

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONAWAY, CARMEN P
P.O. BOX 12237
DAYTONA BEACH, FL 32120

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000754251
05/22/07-80053-020 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME CONAWAY, CARMEN P
STREET ADDRESS P.O. BOX 12237
CITY-ST-ZIP DAYTONA BEACH, FL 32120

TITLE VP
NAME CONAWAY, VERNON L
STREET ADDRESS 16653 SLOGAR CIRCLE
CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Carmen Conway*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN CONAWAY

Date

Daytime Phone #

4/26/07: HUB: 4/26/07 3867612784