2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000064655

1. Entity Name
HAIR PORT OF LAKE COUNTY, INC.

Principal Place of Business	Mailing Address
25202 US HWY 27	7306 PARK ST
LEESBURG, FL 34748	LEESBURG, FL 34747

DO NOT WRITE IN THIS SPACE

07032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
55-0894456	Not Applicable

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

6. Name and Address of Current Registered Agent

BARRINEAU, SANDRA KIM
7306 PARK STREET
LEESBURG, FL 34748

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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 **Due by September 14, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARRINEAU, SANDRA KIM
STREET ADDRESS	7306 PARK STREET
CITY-ST-ZIP	LEESBURG, FL 34748

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000772883
08/28/07-80007-019 150.00

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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: _____   8-24-07   352 516 3740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #