

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90198 027 \*\*\*158.75

**DOCUMENT # P05000070766**

1. Entity Name  
**C'CRETS THE HAIR BOUTIQUE INC**



Principal Place of Business

**227 ST. JOHNS AVE.  
PALATKA, FL 32177**

Mailing Address

**227 ST. JOHNS AVE.  
PALATKA, FL 32177**

**40055348**



2. Principal Place of Business

**227 ST. JOHNS AVE**  
Suite, Apt. #, etc.

3. Mailing Address

**227 ST. JOHNS AVE**  
Suite, Apt. #, etc.

04132006

Chg-P

CR2E034 (11/05)

City & State

**PALATKA, FL**

City & State

**PALATKA, FL**

FEI Number

**20-4694567**

☒ Applied For

☐ Not Applicable

Zip

**32177**

Country

**USA**

Zip

**32177**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HALL, CLARENCE H III  
1601 NAPOLEON ST.  
PALATKA, FL 32177**

7. Name and Address of New Registered Agent

Name **TAKESHA J. BROWN**

Street Address (P.O. Box Number is Not Acceptable)

**2417 CARR ST.**

City

**PALATKA**

**FL**

Zip Code

**32177**

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

*Takesha J. Brown*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/15/06**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **HALL, CLARENCE H III**  
STREET ADDRESS **1601 NAPOLEON ST.**  
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **TAKESHA J. BROWN**  
STREET ADDRESS **2417 CARR ST.**  
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Takesha J. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/15/06 (386) 326-1355**

Date

Daytime Phone #