

2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-05-2006 90191 047 ***150.00
P05000106221

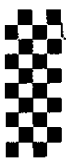
FILED

06 JUL 13 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
58019204

1092

DOCUMENT # P05000106221 1. Entity Name HAIRSTYLES BY CHERYL, INC.					
Principal Place of Business 2005 E. SILVER SPRINGS BLVD OCALA, FL 34470			Mailing Address 2005 E. SILVER SPRINGS BLVD OCALA, FL 34470		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1287 Suite, Apt. #, etc.			
City & State Silver Springs FL		City & State Silver Springs FL		4. FEI Number 20-3231262	
Zip 34489		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, CHERYL 2005 E. SILVER SPRINGS BLVD OCALA, FL 34470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME Cheryl Brown <input type="checkbox"/> Delete STREET ADDRESS 2005 E. Silver Springs Blvd. CITY-ST-ZIP Ocala, FL 34470			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 Cheryl Brown Apr. 28, 06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



UL-13-2006 10:24A FROM:

TO: 2456017

P.1

**HAIRSTYLES BY CHERYL, INC.
P. O. BOX 1287
SILVER SPRINGS, FL 34489**

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July 12, 2006

**Attn: Eula
To Whom It May Concern**

RE: Document #P05000106221

Dear Eula,

Per conversation, we never received the letter from your office requesting corrections on our annual report. We are respectfully requesting that the penalty be waived. Those corrections have since been made. We appreciate your assistance with this matter.

Respectfully,


Cheryl Brown