

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000106221 1. Entity Name HAIRSTYLES BY CHERYL, INC.						FILED 2008 APR 30 AM 11:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2005 E SILVER SPRINGS BLVD OCALA, FL 34470 US				Mailing Address PO BOX 1287 SILVER SPRINGS, FL 34489			
2. Principal Place of Business - No P.O. Box # 3415 E SILVER SPRGS BUD		3. Mailing Address Suite, Apt. #, etc.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102008 Chg-P CR2E034 (12/06)		4. FEI Number 20-3231262	
City & State OCALA FL		City & State		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34470		Country USA		Zip		Country	
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 CHERYL BROWN Street Address (P.O. Box Number is Not Acceptable) 3415 E SILVER SPRINGS BLVD City OCALA FL 34470			
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 4/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, CHERYL 2005 E SILVER SPRINGS BLVD OCALA, FL 34470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHERYL BROWN 3415 E SILVER SPRINGS BLVD OCALA FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:				4/29/08 352-694-659 <small>Date Daytime Phone #</small>			