

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2008 8:00 am**  
**Secretary of State**

08-13-2008 90003 018 \*\*\*150.00

**DOCUMENT # P05000111385**

1. Entity Name  
**HEIGHTS OF BEAUTY HAIR SALON, INC.**



Principal Place of Business  
**26833 SOUTH DIXIE HWY  
NARANJA, FL 33032**

Mailing Address  
**26833 SOUTH DIXIE HWY  
NARANJA, FL 33032**

40110410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07292008

Chg-P

CR2E034 (12/06)

4. FEI Number

**76-0804912**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, ORLANDO B SR**  
**820 N. FRANKLIN AVE 13808 SW 276ST**  
**HOMESTEAD, FL 33034 Naranja, FL 33032**

Name

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

City

**FL**

Zip Code

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 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HOYE, DORIS N  
26833 SOUTH DIXIE HWY  
NARANJA, FL 33032** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S,T  
MILLS, TESA  
26833 SOUTH DIXIE HWY  
NARANJA, FL 33032** ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ 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: **Doris N. Hoye** **DORIS N. HOYE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/11/08**  
Date

Daytime Phone #