## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

FILED
May 01, 2008 08:00 AN
Secretary of State

1. Entity Nan	HAIR, INC.					Secretary of Sta
4062 PALM		Mailing Address 4062 PALM WAY				
JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 322			32250			
			.:			
				04282008	No Chg-P	CR2E034 (11/05)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe	r	Applied For
				20-3536	of Status Desired	Not Applicable
	6. Name and Address of Current Re		- S	1 "	Fee Required	
	I, LINDA S		DO	NOT W	PITE	
4062 PALM WAY JACKSONVILLE BEACH, FL 32250				IN T	HIS SF	MCE ME
	$\wedge$			114		
the obdigati	named entity, submits this statement for trees of registered agent.	ne purpose of changing its regist	lered office or register	red agent, or both	n, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE	Structure, typed or printed time of registered agent and	litle if applicable. (NOTE: Regisl	ered Agent signature required	t when reinstating)	-(()	DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution				.00 May Be ed to Fees		0940004  -80049-019 150.00
TITLE	OFFICERS AND DII	RECTORS		1		
NAME STREET ADDRESS	JOHNSON, LINDA S 4062 PALM WAY		1			
CITY-ST-ZIP TITLE	JACKSONVILLE BEACH, FL 3225	)				
NAME STREET ADDRESS						
CITY-ST-ZIP			_	. ()	₩	
NAME STREET ADDRESS				_;_		The state of the s
CITY-ST-ZIP				42.003	NOT W	1、温积扩张 25. 西部集门 1911 6、发出了福州
NAME				INT	HIS SF	ACE
STREET ADDRESS CITY+ST+ZIP						
TITLE NAME		. <del>.</del>		1	, lil	
STREET ADDRESS						
TITLE	<u> </u>					
NAME STREET ADDRESS			ı			
12. I hereby o	ertify that the information supplied with the	s filing does not qualify for the	exemptions contained	in Chapter 119	Florida Statutes 1	further certify that the information
indicated	on this report or supplemental report is to poration or the recover or trustee empowe or on an altabratism with an abbress, with	e and accurate and that my slor	nature shall have the s	same legal effect.	as if made under c	ath: that I am an officer or director

NTED NAME OF BIGNING OFFICER OR DIRECTOR