

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90240 044 \*\*\*150.00

DOCUMENT # P05000166805

1. Entity Name  
HAIR FOREVER BY DONNA, INC.



Principal Place of Business

1049 POPLAR CIRCLE  
WESTON, FL 33326 US

Mailing Address

1049 POPLAR CIRCLE  
WESTON, FL 33326 US

2. Principal Place of Business

\* 838 San Remo Dr.  
Suite, Apt. #, etc.

3. Mailing Address

\* 838 San Remo Dr.  
Suite, Apt. #, etc.



01232006

Chg-P

CR2E034 (11/05)

City & State

Weston, FL

City & State

Weston FL

4. FEI Number

43-2094119

Applied For

Not Applicable

Zip

33326

Country

Zip

33326

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCATEER, DONNA F  
1049 POPLAR CIRCLE  
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name  
Donna McAteer

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

\* 838 San Remo Dr.

Weston FL

City

FL

Zip Code

33326

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**  
**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 P  
NAME MCATEER, DONNA F  
STREET ADDRESS 1049 POPLAR CIRCLE  
CITY-ST-ZIP WESTON, FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Donna McAteer, F ☒ Change ☐ Addition  
NAME  
STREET ADDRESS \* 838 San Remo Dr.  
CITY-ST-ZIP \* Weston, FL 33326

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

*Donna McAteer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

Date

Daytime Phone #