
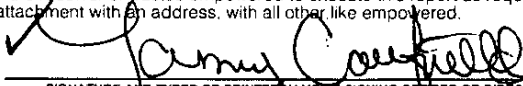


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90028 035 ***150.00

DOCUMENT # P06000023968 1. Entity Name CRICKET'S CREATIVE STYLING SALON & SPA, INC.																																																																																																																																			
Principal Place of Business 16251 LATER RD #2 N FT MYERS, FL 33917			Mailing Address 16251 LATER RD #2 N FT MYERS, FL 33917																																																																																																																																
2. Principal Place of Business - No P.O. Box # 16251 Slater Rd Suite, Apt. #, etc. #2		3. Mailing Address 16251 Slater Rd Suite, Apt. #, etc. #2																																																																																																																																	
City & State North Fort Myers		City & State North Fort Myers																																																																																																																																	
Zip 33917		Country usa		Zip 33917																																																																																																																															
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6. Name and Address of Current Registered Agent CAULFIED, TAMMY L 16251 LATER RD #2 N FT MYERS, FL 33917			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16251 Slater Rd #2 City North Fort Myers FL Zip Code 33917																																																																																																																																
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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:  3/11/08 239-275-7766 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			