FILED
Sep 10, 2007 8:00 am
Secretary of State
09-10-2007 90005 043 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000061272

1. Entity Name
DEZINES HAIR ARTISTRY, INC.

Principal Place of Business	Mailing Address
2735 SE BASELINE ROAD OCALA, FL 34471	2735 SE BASELINE ROAD OCALA, FL 34471

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

07082007 Chg-P CR2E034 (12/06)

4. FEI Number 03-0589901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, DONNA M
2735 SE BASELINE ROAD
OCALA, FL 34471

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

TITLE	PD	☐ Delete
NAME	MILLER, DONNA M	
STREET ADDRESS	2735 SE BASELINE ROAD	
CITY ST ZIP	OCALA, FL 34471	
TITLE	DST	☐ Delete
NAME	MILLER, DAVID J	
STREET ADDRESS	2735 SE BASELINE ROAD	
CITY ST ZIP	OCALA, FL 34471	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(TITLE / NAME / STREET ADDRESS / CITY ST ZIP — ☐ Change ☐ Addition — blank)

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 M. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR