

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90042 043 \*\*\*150.00

<b>DOCUMENT # P06000062059</b> 1. Entity Name <b>STEEL-GROOMING FOR MEN, INC.</b>					
Principal Place of Business <b>4789 ALBERTON COURT UNIT 3202 NAPLES, FL 34108 US</b>			Mailing Address <b>P. O. BOX 111467 NAPLES, FL 34108 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>20-4881877</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required		04302007 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent  <b>UCC FILING &amp; SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD. 100 TALLAHASSEE, FL 32309</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>(NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LEWIS, DENISE E 4789 ALBERTON COURT, UNIT 3203 NAPLES, FL 34105		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO LEWIS, DENISE E 4789 ALBERTON COURT, UNIT 3203 NAPLES, FL 34105		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCOO BAUCOM, ROBERT M 1400 POMPEI LANE, UNIT 79 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			4/31/07 239-263-0677		