


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 27, 2007 8:00 am
Secretary of State

03-15-2007 90016 014 ***150.00

| | | | |
|---|------------------------------------|---|---|
| DOCUMENT # P06000067467 | |  | |
| 1. Entity Name JUST FRIENDS HAIRWACKERS INC | | | |
| Principal Place of Business 713 N PARK ROAD SUITE C PLANT CITY, FL 33566 | | Mailing Address 713 N PARK ROAD SUITE C PLANT CITY, FL 33566 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| State, Apt. #, etc. | | State, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEJ Number 20-4856246 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BYRD, SHEILA 713 N PARK ROAD SUITE C PLANT CITY, FL 33566 | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 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 | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BYRD, SHEILA | NAME | |
| STREET ADDRESS | 3417 STROBEL ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND, FL 33810 | CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FIGUEROA, DANIELLE M | NAME | |
| STREET ADDRESS | 1317 VALLEY GROVE DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | SEFFNER, FL 33584 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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 the 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 <i>Sheila Byrd</i> | | Date | 813-659-9125 |
| SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR | | Date | Daytime Phone # |



03082007 Chg-P CR2E034 (12/06)