

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067467

FILED
Mar 10, 2009
Secretary of State

Entity Name: JUST FRIENDS HAIRWACKERS INC

Current Principal Place of Business:

713 N PARK ROAD
SUITE C
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

713 N PARK ROAD
SUITE C
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 20-4856246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, SHEILA
713 N PARK ROAD
SUITE C
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYRD, SHEILA
Address: 3417 STROBEL ROAD
City-St-Zip: LAKELAND, FL 33810

Title: VP () Delete
Name: FIGUEROA, DANIELLE M
Address: 1317 VALLEY GROVE DRIVE
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA BYRD

_____ Electronic Signature of Signing Officer or Director

PRES

03/10/2009

_____ Date