2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State
05-07-2007 90090 001 ***300.00

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1. Entity Name
GREAT TRIMS, SPORTS, & A HAIRCUT, INC.

Principal Place of Business	Mailing Address
~~53 S MAGNOLIA AVENUE~~	~~53 S MAGNOLIA AVENUE~~
~~OCALA, FL 34474~~	~~OCALA, FL 34474~~

04062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
600 SW 10TH ST	731 SE 2ND ST
Suite, Apt. #, etc. 101	Suite, Apt. #, etc.
City & State OCALA FLORIDA	City & State OCALA FLORIDA
Zip 34474 Country USA	Zip 34471 Country USA

4. FEI Number 20-4900232 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RITTER, SCOTT
~~53 S MAGNOLIA AVENUE~~ 731 SE 2ND ST
~~OCALA, FL 34474~~ OCALA, FLORIDA 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	~~P~~	☐ Delete	TITLE	P/S/T/D	☒ Change ☐ Addition
NAME	RITTER, SCOTT		NAME		
STREET ADDRESS	~~53 S MAGNOLIA AVENUE~~		STREET ADDRESS	731 SE 2ND ST	
CITY-ST-ZIP	~~OCALA, FL 34474~~		CITY-ST-ZIP	OCALA, FLORIDA 34471	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WALLACE, CRAIG		NAME		
STREET ADDRESS	324 SE ALVEREZ AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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: SCOTT K RITTER PRESIDENT 5/1/07 352-427-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #