

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073217

Entity Name: COURTYARD HAIR & NAILS, INC.

FILED
Apr 20, 2008
Secretary of State

Current Principal Place of Business:

18265 SYCAMORE RD
FT MYERS, FL 33912

New Principal Place of Business:

18265 SYCAMORE RD
FT MYERS, FL 33967

Current Mailing Address:

18265 SYCAMORE RD
FT MYERS, FL 33912

New Mailing Address:

18265 SYCAMORE RD
FT MYERS, FL 33967

FEI Number: 03-0591931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANLEY, MICHAEL A
C/O BONITA TAX PROFESSIONALS, INC.
26721 DUBLIN WOODS CIR STE #1
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

KRISTEN, GREENLEAF M
18265 SYCAMORE RD.
FORT MYERS, FL 33967 US

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: KRISTEN GREENLEAF

04/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GREENLEAF, KRISTEN
Address: 18265 SYCAMORE RD
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GREENLEAF, KRISTEN
Address: 18265 SYCAMORE RD
City-St-Zip: FT MYERS, FL 33967

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: KRISTEN GREENLEAF

DP

04/20/2008

Electronic Signature of Signing Officer or Director

Date