

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077980

Entity Name: HAIR OBSESSIONS & SPA, INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

1379 AIRPORT ROAD NORTH  
NAPLES, FL 34104

## New Principal Place of Business:

## Current Mailing Address:

3200 TAMIAM TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103

## New Mailing Address:

1379 AIRPORT ROAD NORTH  
NAPLES, FL 34104

FEI Number: 20-5080257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LADEMAN, CARRIE E  
WOODWARD, PIRES & LOMBARDO, P.A.  
3200 TAMIAM TRAIL NORTH, STE 200  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

CORNEAL, BARBARA E  
1379 AIRPORT ROAD NORTH  
NAPLES, FL 34104 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: BARBARA CORNEAL

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: PLINER, MINETTE  
Address: 3601 19TH AVENUE SW  
City-St-Zip: NAPLES, FL 34117

Title: VSD ( ) Delete  
Name: CORNEAL, BARBARA  
Address: 3460 15TH AVENUE SW  
City-St-Zip: NAPLES, FL 34117

## 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: BARBARA CORNEAL

VSD

05/01/2008

Electronic Signature of Signing Officer or Director

Date