

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095202

Entity Name: H2O HAIR SALON INC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

5122 MANCHESTER CT  
APT 101  
TAMPA, FL 34685 US

## Current Mailing Address:

5122 MANCHESTER CT  
APT 101  
TAMPA, FL 34685 US

FEI Number: 20-5264900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AAGAP CONSULTANTS INC  
2400 DR ML KING JR ST S  
STE C  
ST PETERSBURG, FL 33705 US

## New Principal Place of Business:

5122 MANCHESTER CT  
APT 101  
PALM HARBOR, FL 34685 US

## New Mailing Address:

5122 MANCHESTER CT  
APT 101  
PALM HARBOR, FL 34685 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: WATERS, ANNETTE  
Address: 11455 MALLORY SQUARE DR  
City-St-Zip: TAMPA, FL 33635 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WATERS, ANNETTE  
Address: 5122 MANCHESTER CT APT 101  
City-St-Zip: PALM HARBOR, FL 34685 US

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: ANNETTE WATERS

P

04/29/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date