2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000095767

1. Entity Name
TRENDSETTERS HAIR STUDIO, INC.

Principal Place of Business	Mailing Address
12220 TOWN LAKE DRIVE 5 FORT MYERS, FL 33913 US	12220 TOWN LAKE DRIVE 5 FORT MYERS, FL 33913 US

DO NOT WRITE IN THIS SPACE

02042008   No Chg-P   CR2E034 (11/05)

4. FEI Number
20-5247953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZEMBLE, AMY C
12220 TOWN LAKE DRIVE
5
FORT MYERS, FL 33913

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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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZEMBLE, AMY C
STREET ADDRESS	12220 TOWN LAKE DRIVE, # 5
CITY-ST-ZIP	FORT MYERS, FL 33913

TITLE	
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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 all other like empowered.

SIGNATURE: _____   3/5/08   (239) 768686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #