

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90016 004 \*\*\*158.75

**DOCUMENT # P06000107530**

1. Entity Name  
**ALLURE HAIR DESIGNS INC.**



Principal Place of Business  
**9516 U.S. HWY 19  
PORT RICHEY, FL 34668 US**

Mailing Address  
**10449 MAYFLOWER ROAD  
SPRING HILL, FL 34608 US**

**66017916**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-5411551**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OVERSMITH, JENNIFER A  
10449 MAYFLOWER ROAD  
SPRING HILL, FL 34608**

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

*Jennifer Oversmith*

(NOTE: Registered Agent signature required when reinstating)

**5/30/07**

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	<input type="checkbox"/> Delete
NAME	OVERSMITH, JENNIFER A	
STREET ADDRESS	10449 MAYFLOWER ROAD	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CALISE, WILLIAM J JR	
STREET ADDRESS	8011 PAPERBARK LANE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 507, 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:

*Jennifer Oversmith* **Jennifer Oversmith** **5/30/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day and Phone #

**727 243 3638**



# Employer Account Change Form

UCS-3\_A  
R. 01/06

Complete only the sections reflecting a change in the business.

Current legal entity name: <b>JENNIFER OVERSMITH &amp; WILLIAM CALISE ALLURE HAIR DESIGNS</b>		Unemployment tax account number: <b>2706270-9</b>	
<b>SECTION 1: CONTACT INFORMATION</b>			
Trade name (business, trade, or fictitious (d/b/a) name): <b>ALLURE HAIR DESIGNS INC</b>			
Mailing address (street address, city, state, ZIP):			
Business location (street address, city, state, ZIP):			
Contact (name): <b>JENNIFER OVERSMITH</b>	Phone: <b>727-243-3638</b>		
E-mail address:	Fax: <b>727-243-3638</b>		
Change federal employer identification number to: <b>00-00000000</b> (attach supporting IRS documentation)			
<b>SECTION 2: CORPORATION</b>			
<input type="checkbox"/> Amendment to corporate charter (attach Articles of Amendment)		<input type="checkbox"/> Officer change only	
<input type="checkbox"/> Corporate name change to:		<input type="checkbox"/> Stock sale only	
<input type="checkbox"/> Change in business activity (Indicate new business activity):			
<b>SECTION 3: CEASED OPERATIONS</b>			
Date of last payroll in Florida: <b>00-00-00</b>			
<b>SECTION 4: CHANGE IN BUSINESS STRUCTURE/LEGAL ENTITY STATUS (eg: sole proprietor to corporation, corporation to LLC, etc.)</b>			
New legal entity name:		(Check one) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Corporation	Date change occurred: <b>00-00-00</b>
If LLC, classification for federal income tax purposes:		(Check one) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Corporation	
<b>SECTION 5: SOLD BUSINESS</b>			
Date business sold: <b>00-00-00</b> <input type="checkbox"/> All <input type="checkbox"/> Portion		Was there any common ownership, management or control between the two entities at the time the sale/change occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sold business to (legal entity name of new owner):			
Address (street address, city, state, ZIP):			
Phone: <b>000-000-0000</b>			
<b>SECTION 6: LEASING EMPLOYEES</b>			
Leasing employees: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date leasing relationship began: <b>00-00-00</b>	
Leasing company unemployment tax account number: <b>00000000-00</b>		Leasing company federal employer identification number: <b>00-00000000</b>	
Leasing company's DBPR license number: <b>000000</b>		Are all employees (including corporate officers) leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION 7: SIGN AND DATE</b>			
I certify that I am legally authorized to make these changes with respect to the account number shown above.			
Signature: <b>Jennifer OverSmith</b>		Date: <b>04-22-07</b>	
Title: <b>PRESIDENT</b>		Phone: <b>727-243-3638</b>	

Sign, date, and mail this Employer Account Change Form to:  
FLORIDA DEPARTMENT OF REVENUE  
PO BOX 6510  
TALLAHASSEE FL 32314-6510  
or fax to: 850-488-5833

For information and forms:

[www.myflorida.com/dor](http://www.myflorida.com/dor)  
800-482-8293