

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000107838

FILED  
Jan 05, 2007  
Secretary of State

**Entity Name:** CITY HAIR & BEAUTY SUPPLY INC.

**Current Principal Place of Business:**

14818 SW 171ST AVE  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

5146 SE FEDERAL HWY  
INDIANTOWN, FL 34997

**Current Mailing Address:**

PO BOX 186  
INDIANTOWN, FL 34956

**New Mailing Address:**

**FEI Number:** 14-1974152      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STONE, GUYTON  
14818 SW 171ST AVE  
INDIANTOWN, FL 34956      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: D      ( ) Delete  
Name: STONE, GUYTON  
Address: PO BOX 186  
City-St-Zip: INDIANTOWN, FL 34956

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: STONE, GUYTON  
Address: PO BOX 186  
City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information supplied with this filing does not qualify for the 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: GUYTON STONE

P

01/05/2007

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

\_\_\_\_\_  
Date