2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000130216

1. Entity Name
AMBER NICOLE'S HOUSE OF HAIR, INC.

Principal Place of Business	Mailing Address
26545 CHIMNEY SPIRE LANE	P.O. BOX 7757
WESLEY CHAPEL, FL 33543 US	WESLEY CHAPEL, FL 33544 US

DO NOT WRITE IN THIS SPACE

01102008   No Cng-P   CR2E034 (11/05)   --

4. FEI Number	Applied For
20-5775033	Not Applicable

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

6. Name and Address of Current Registered Agent

ROSSITER, AMBER
26545 CHIMNEY SPIRE LANE
WESLEY CHAPEL, FL 33543

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IN THIS SPACE

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	PD
NAME	ROSSITER, AMBER
STREET ADDRESS	P.O. BOX 7757
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/08-80034-010 150.00

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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 an address, with all other like empowered.

SIGNATURE: _Amber Rossiter pres._ 2/27/08   727-916-0026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #