2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000136485

1. Entity Name
HK COSMETOLOGY, INC.

Principal Place of Business

6575 GATEWAY AVE.
SARASOTA, FL 34231-5803

Mailing Address

6575 GATEWAY AVE.
SARASOTA, FL 34231-5803

DO NOT WRITE IN THIS SPACE

03202008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-5791251	Not Applicable

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

6. Name and Address of Current Registered Agent

LANGDON, ALLEN E
5059 INDIAN MOUND ST.
SARASOTA, FL 34232-2661

DO NOT WRITE 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

04/18/08-80004-013 150.00

TITLE	PD
NAME	FLANNERY, KYLE A
STREET ADDRESS	6575 GATEWAY AVE.
CITY-ST-ZIP	SARASOTA, FL 342315803

TITLE	DST
NAME	FLANNERY, HEATHER L
STREET ADDRESS	6575 GATEWAY AVE.
CITY-ST-ZIP	SARASOTA, FL 342315803

TITLE	
NAME	
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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Kyle T Flannery_   PRES.   1/3/08   (941)923-5979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #