
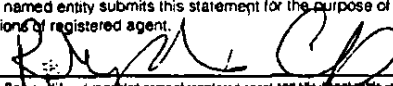
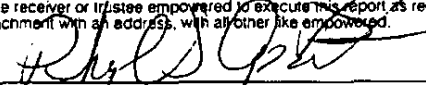


FILED
May 25, 2007 8:00 am
Secretary of State

04-27-2007 90181 016 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

4/2

DOCUMENT # P07000000120			
1. Entity Name MEDUSA HAIR SALON OF LADY LAKE, INC			
Principal Place of Business 206 SOUTH HIGHWAY 27/441 LADY LAKE, FL 32159		Mailing Address 206 SOUTH HIGHWAY 27/441 LADY LAKE, FL 32159	
2. Principal Place of Business - No P.O. Box # 2068 US Hwy 441 / 27		3. Mailing Address 2068 US Hwy 441 / 27	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103	
City & State Fruitland Park Florida		City & State Fruitland Park Florida	
Zip 34731		Zip 34731	
Country		Country	
4. FEI Number 20-8130965		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02232007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent APONTE, PHYLLIS 39147 GRAYS AIRPORT ROAD LADY LAKE, FL 32159		7. Name and Address of New Registered Agent 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:  DATE: _____ <small>Signature typed or printed name of registered agent and title (required) (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S APONTE, PHYLLIS 39147 GRAYS AIRPORT ROAD LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		De/bye Phone # _____	