


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P07000019590 1. Entity Name AFFORDABLE CUTS INC	
--	---

Principal Place of Business 2305 KANSAS ST TITUSVILLE FL 32780	Mailing Address 2305 KANSAS ST TITUSVILLE FL 32780
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/07)

City & State Zip Country	City & State Zip Country
-----------------------------	-----------------------------

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMMES, JOSEPH 2305 KANSAS ST TITUSVILLE FL 32780

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 *Joseph Thommes* DATE 4-22-08

(NOTE: Registered Agent is position required when not contributing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P/D	
NAME	THOMMES, JOSEPH	<input type="checkbox"/>
STREET ADDRESS	2305 KANSAS ST	
CITY- ST- ZIP	TITUSVILLE FL 32780	
TITLE	VP	<input type="checkbox"/>
NAME	THOMMES, JAMIE	<input type="checkbox"/>
STREET ADDRESS	2305 KANSAS ST	
CITY- ST- ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joseph Thommes* **Joseph Thommes** DATE: 4-22-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR