# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 03, 2008 08:00 A**
**Secretary of State**

DOCUMENT # **P07000038269**

1. Entity Name

ILLUSIONS HAIR SALON & SPA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1032 SEMORAN BLVD.<br>CASSELBERRY FL 32707 | 1032 SEMORAN BLVD.<br>CASSELBERRY FL 32707 |

1st MOORE CR2E034 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc | Suite, Apt. #, etc |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PAVLOVSKI, JULIE<br>1032 SEMORAN BLVD<br>CASSELBERRY FL 32707 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when changing)

**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. ☐ **$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<br>PAVLOVSKI, JULIE<br>1032 SEMORAN BLVD<br>CASSELBERRY FL 32707 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>000000844284<br>03/12/08-80029-020 150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>PAVLOVSKI, JULIE<br>1032 SEMORAN BLVD<br>CASSELBERRY FL 32707 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>PAVLOVSKI, JULIE<br>1032 SEMORAN BLVD<br>CASSELBERRY FL 32707 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PAVLOVSKI, JULIE<br>1032 SEMORAN BLVD<br>CASSELBERRY FL 32707 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Julie Pavlovski 2/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date