

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000084613

1. Entity Name  
K.C. BEAUTY SALON, INC.



Principal Place of Business  
16521 SAN CARLOS BLVD STE. 101-A  
FORT MYERS, FL 33919

Mailing Address  
16521 SAN CARLOS BLVD STE. 101-A  
FORT MYERS, FL 33919

FILED  
08 SEP 12 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #  
11370 Heidi Lee Lane  
Suite, Apt. #, etc.

3. Mailing Address  
11370 Heidi Lee Lane  
Suite, Apt. #, etc.

09082008 Chg-P CR2E034 (12/06)

City & State  
Fort Myers, FL  
Zip  
33908  
Country

City & State  
Fort Myers, FL  
Zip  
33908  
Country

4. FEI Number  
26-0615406  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF S FL IN  
13571 MCGREGOR BLVD #22  
FORT MYERS, FL 33919

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	AYRES, KIM	
STREET ADDRESS	11370 HEIDI LEE LANE	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOODS, CARLA	
STREET ADDRESS	17731 BROADWAY AVE	
CITY-ST-ZIP	FORT MYERS, FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100135960761	
STREET ADDRESS	09/16/08--01012--017	
CITY-ST-ZIP	**150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Kim Ayres 9-8-08 239-466-8121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #