

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000091593

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** HAIR DESIGNERS AT THE BEACH, INC.

**Current Principal Place of Business:**

630 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

630 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

**FEI Number:** 26-1297255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOCK, TONI L  
2153 INTRACOASTAL SOUND DR EAST  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALTERS, MARY J  
Address: 15 DOLPHIN BLVD  
City-St-Zip: PONTE VEDRA, FL 32082

Title: VP  
Name: GRAY, DIXIE L  
Address: 354 N. ROSCOE BLVD  
City-St-Zip: PONTE VEDRA, FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIXIE LEE GRAY

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date