

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000119054

**FILED**  
**Feb 27, 2008**  
**Secretary of State**

**Entity Name:** STUDIO ONE HAIR & SKIN CO.

**Current Principal Place of Business:**

20316 JOHNNIE GROVES ROAD  
SANDERSON, FL 32087

**New Principal Place of Business:**

206 E. MACCLENLY AVENUE  
MACCLENLY, FL 32063

**Current Mailing Address:**

20316 JOHNNIE GROVES ROAD  
SANDERSON, FL 32087

**New Mailing Address:**

206 E. MACCLENLY AVENUE  
MACCLENLY, FL 32063

**FEI Number:** 77-0702880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GROVES, JOHN T  
20316 JOHNNIE GROVES ROAD  
SANDERSON, FL 32087 US

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

GROVES, DEBORAH L  
20316 JOHNNIE GROVES ROAD  
SANDERSON, FL 32087 US

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:** DEBORAH LEA GROVES

02/27/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** GROVES, JOHN T  
**Address:** 20316 JOHNNIE GROVES ROAD  
**City-St-Zip:** SANDERSON, FL 32087

**Title:** D ( ) Delete  
**Name:** GROVES, DEBORAH L  
**Address:** 20316 JOHNNIE GROVES ROAD  
**City-St-Zip:** SANDERSON, FL 32087

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** GROVES, DEBORAH L  
**Address:** 20316 JOHNNIE GROVES ROAD  
**City-St-Zip:** SANDERSON, FL 32087

**Title:** VP (X) Change ( ) Addition  
**Name:** GRIFFIS, HEATHER R  
**Address:** 17363 WEST BEAVER STREET  
**City-St-Zip:** BALDWIN, FL 32234

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** DEBORAH LEA GROVES

P

02/27/2008

Electronic Signature of Signing Officer or Director

Date