

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 14, 2008 8:00 am
Secretary of State

03-24-2008 90040 042 ***150.00

DOCUMENT # P07000127731 1. Entity Name LIZZY J'S HAIR AND COMPANY INC.					
Principal Place of Business 509 NORTH FERDON BLVD. CRESTVIEW FL 32536			Mailing Address 509 NORTH FERDON BLVD. CRESTVIEW FL 32536		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 35-2316822	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROGERS, ALICE J 5366 MONTERREY RD CRESTVIEW FL 32539			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable). NOTE: Registered Agent's signature required when transferring.</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P <input type="checkbox"/> Delete NAME: ROGERS, ALICE J STREET ADDRESS: 5366 MONTERREY RD CITY-ST-ZIP: CRESTVIEW FL 32539			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: VP <input type="checkbox"/> Delete NAME: ROGERS, ALICE J STREET ADDRESS: 5366 MONTERREY RD CITY-ST-ZIP: CRESTVIEW FL 32539			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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TITLE: <input type="checkbox"/> Delete 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 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: <u><i>Alice J Rogers</i></u> President <small>SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/07)

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