
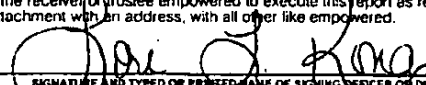


2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/29/2008-90001-018-\$150.00-\$150.00

DOCUMENT # P07000133672			
1. Entity Name THE COTTAGE HAIR & SPA, INC.			
Principal Place of Business 2 SUGAR MILL LANE S FLAGLER BEACH, FL 32136		Mailing Address 2 SUGAR MILL LANE S FLAGLER BEACH, FL 32136	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 25 Pine Cone Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2A	
City & State		City & State Palm Coast FL	
Zip	Country	Zip 32137	Country Fla
6. Name and Address of Current Registered Agent SAVY, BENJAMIN 25 PINE CONE DRIVE SUITE 2A PALM COAST, FL 32164		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KONG, LORI L 2 SUGAR MILL LANE S FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		8/25/08 366-439-2003 Date Daytime Phone #	

FILED

08 SEP 12 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072008 Chg-P CR2E034 (12/06)

4. FEI Number **33-1194368** Applied For
Not Applicable

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

9/15