

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000124

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: SERENITY HAIR & NAILS, INC.

**Current Principal Place of Business:**

7324 STATE ROAD 52  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

7318 STATE ROAD 52  
HUDSON, FL 34667 US

**New Mailing Address:**

FEI Number: 26-1655738      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TAYLOR, ELOISE  
7318 STATE ROAD 52  
HUDSON, FL 34667 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORRIS, SALLY A  
Address: 7316 STATE ROAD 52  
City-St-Zip: HUDSON, FL 34667 US

Title: VP ( ) Delete  
Name: BENNETT, CONSTANCE H  
Address: PO BOX 937  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: T ( ) Delete  
Name: TAYLOR, ELOISE  
Address: 7318 STATE ROAD 52  
City-St-Zip: HUDSON, FL 34667 US

Title: S ( ) Delete  
Name: BENNETT, WILLIAM B JR.  
Address: PO BOX 937  
City-St-Zip: PORT RICHEY, FL 34668 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SALLY A. MORRIS

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date