2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2009
Secretary of State

DOCUMENT# P08000035504

Entity Name: MYSTIC HAIR - WESTCHASE, INC.

Current Principal Place of Business:

13801NORTH DALE MABRY
TAMPA, FL 33618

New Principal Place of Business:

14447 NORTH DALE MABRY
TAMPA, FL 33618

Current Mailing Address:

23638 LYONS AVE #223
NEWHALL, CA 91321

New Mailing Address:

13801NORTH DALE MABRY
TAMPA, FL 33618

FEI Number: 30-0554893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF AMERICA, INC.
199 EAST FLAGLER STREET #510
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PEARSON, CHRIS
Address: 13801NORTH DALE MABRY
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: HENDON, TAMARA
Address: 13801NORTH DALE MABRY
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: PEARSON, MARY LYNN
Address: 13801NORTH DALE MABRY
City-St-Zip: TAMPA, FL 33618

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:

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: CHRISTOPHER A PEARSON D 07/23/2009

Electronic Signature of Signing Officer or Director Date