

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000057647

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CLASSIX BARBER SHOP INC

**Current Principal Place of Business:**

2201 CITRUS VALLEY CIRCLE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

2201 CITRUS VALLEY CIRCLE  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 26-2804066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOARES, LYNNE H  
2201 CITRUS VALLEY CIRCLE  
PALM HARBOR, FL 34683 US

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

WATERS, LYNNE S  
2201 CITRUS VALLEY CIRCLE  
PALM HARBOR, FL 34683 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: LYNNE SOARES WATERS

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WATERS, LYNNE S  
Address: 2201 CITRUS VALLEY CIRCLE  
City-St-Zip: PALM HARBOR, FL 34683

I hereby 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 all other like empowered.

SIGNATURE: LYNNE SOARES WATERS

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date