

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058224

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** SHEAR FINESSE HAIR STYLING ACADEMY, INC.

**Current Principal Place of Business:**

5238-2 NORWOOD AVE.  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

5238-2 NORWOOD AVE.  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 35-2342114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLIAMS, YVONNE  
11958 IRON CREEK RD  
JACKSONVILLE, FL 32218 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLIAMS, YVONNE CEO  
Address: 11958 IRON CREEK RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPSD  
Name: NEALY, MARKEYA M  
Address: 11958 IRON CREEK RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD  
Name: WILLIAMS, YVONNE  
Address: 11958 IRON CREEK RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD  
Name: NEALY, MARKEYA  
Address: 11958 IRON CREEK RD  
City-St-Zip: JACKSONVILLE, FL 32218

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:** YVONNE WILLIAMS

PD

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date