2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# P08000102624

Entity Name: MIRACULOUS HAIR SALON, INC.

Current Principal Place of Business:

376 NEW BERLIN ROAD
3
JACKSONVILLE, FL 32218

New Principal Place of Business:

13809 VICTORIA LAKES DR
JACKSONVILLE, FL 32226

Current Mailing Address:

13809 VICTORIA LAKES DR.
JACKSONVILLE, FL 32226

New Mailing Address:

13809 VICTORIA LAKES DR
JACKSONVILLE, FL 32226

FEI Number: 80-0296380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, JEANNETTE L
13809 VICTORIA LAKES DRIVE
JACKSONVILLE, FL 32226 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: P ( ) Delete
Name: DAVIS, JEANNETTE L
Address: 13809 VICTORIA LAKES DR.
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP (X) Delete
Name: DAVIS, FLORILIS JR.
Address: 13809 VICTORIA LAKES DR.
City-St-Zip: JACKSONVILLE, FL 32226

Title: SEC. ( ) Delete
Name: OWENS, ALTHEA E
Address: 8758 97TH ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: TRES ( ) Delete
Name: DAVIS, JEANNETTE L
Address: 13809 VICTORIA LAKES DR.
City-St-Zip: JACKSONVILLE, FL 32226

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: JEANNETTE L. DAVIS P 09/01/2009

Electronic Signature of Signing Officer or Director Date