

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000001552

**Entity Name:** ALYSSA NICHOLE HAIR SALON INC

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5537 SHELDON ROAD  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

5537 SHELDON ROAD  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMSBURG, DONALD P  
5836 54TH AVENUE NORTH  
KENNETH CITY, FL 33709 US

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

KRUSE, LINDA C  
5537 SHELDON ROAD  
TAMPA, FL 33615 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: LINDA C KRUSE

04/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KRUSE, LINDA C  
Address: 7206 NORTH BRANCHWOOD COURT  
City-St-Zip: TAMPA, FL 33615

Title: T  
Name: KRUSE, LINDA C  
Address: 7206 NORTH BRANCHWOOD COURT  
City-St-Zip: TAMPA, FL 33615

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: LINDA C KRUSE

P

04/12/2011

Electronic Signature of Signing Officer or Director

Date