

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000023974

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** HAIRSTYLES BY LACEY KRAFT, INC.

**Current Principal Place of Business:**

200 SOUTH PARK AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

2894 WEST LAKE MARY BLVD  
LAKE MARY, FL 32746

**Current Mailing Address:**

200 SOUTH PARK AVE  
SANFORD, FL 32771

**New Mailing Address:**

115 CALICO ROAD  
LAKE MARY, FL 32746

**FEI Number:** 27-2192498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRAFT, LACEY  
112 BALBOA COURT  
SANFORD, FL 32773 US

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

KRAFT, LACEY  
115 CALICO ROAD  
LAKE MARY, FL 32746 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:

02/23/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KRAFT, LACEY  
Address: 115 CALICO ROAD  
City-St-Zip: LAKE MARY, FL 32746

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: LACEY KRAFT

P

02/23/2011

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

\_\_\_\_\_  
Date