

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000078910

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** SERENDIPITY HAIR & SKIN STUDIO, INC.

**Current Principal Place of Business:**

5130 SOUTH FLORIDA AVE  
LAKELAND, FL 33813

**New Principal Place of Business:**

5130 SOUTH FLORIDA AVE  
406  
LAKELAND, FL 33813

**Current Mailing Address:**

5130 SOUTH FLORIDA AVE  
LAKELAND, FL 33813

**New Mailing Address:**

5130 SOUTH FLORIDA AVE  
406  
LAKELAND, FL 33813

**FEI Number:** 45-2992047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FELDMAN, BARBI L ESQ.  
3308 CLEVELAND HEIGHTS BLVD  
LAKELAND, FL 33803 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: P  
Name: REID, SHEILA  
Address: 5130 SOUTH FLORIDA AVE  
City-St-Zip: LAKELAND, FL 33813

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: SHEILA REID

P

02/21/2012

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

\_\_\_\_\_  
Date