

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P930000028638

1. Entity Name

The Important Place
Hair Salon, Inc.
1000 W. Tharpe St. #20
Tallahassee, FL 32303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Tall. Fla.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

32303

Country

Leon

Zip

32

Country

4. FEI Number

59-3170857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BREND A JONES SWAINE

Street Address (P.O. Box Number is Not Acceptable)

1000 W. Tharpe St #20

City

Tallahassee

FL

Zip Code

32303

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brenda Jones Swaine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-07

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME The Important Place
STREET ADDRESS Brenda J. Swaine
CITY-ST-ZIP 1000 W Tharpe St. #20
Tallah. Fla 32303

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda Jones Swaine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-07

Daytime Phone #

850-386-7427

FILED

07 APR 30 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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