

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90123 035 \*\*\*158.75

DOCUMENT # P93000036208

1. Entity Name

RAGE HAIR, INC.



Principal Place of Business

330 S. PINEAPPLE AVE.  
107E  
SARASOTA FL 34236  
US

Mailing Address

~~1010 MORRIS ST~~  
~~SARASOTA FL 34239~~  
~~US~~



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

330 S. PINEAPPLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

107E

2nd MOORE

CR2E034 (4/08)

City & State

City & State

SARASOTA FL

4. FEI Number

65-0411331

Applied For

Not Applicable

Zip

Country

Zip

34236

Country

USA

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 3, 2008**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKSBANK, WILLIAM D	
STREET ADDRESS	1010 MORRIS ST 330 S. PINEAPPLE AVE #107E	
CITY- ST- ZIP	SARASOTA FL SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William D. Brooksbank* WILLIAM D. BROOKSBANK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/08

(941) 366 6367

Date Telephone