

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90136 050 ***150.00

DOCUMENT # P93000048335

1. Entity Name

TOTAL IMAGE HAIR SALON, INC.



Principal Place of Business

1951 N HONORE AVE
SARASOTA, FL 34235 US

Mailing Address

4780 COUNTRY MEADOWS
SARASOTA, FL 34235

4004300



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0423848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LORIA, JOSEPHINE
4780 COUNTRY MEADOW BLVD
SARASOTA, FL 34235

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LORIA, JOSEPHINE
STREET ADDRESS 4780 COUNTRY MEADOWS BLVD.
CITY - ST - ZIP SARASOTA, FL 34235

TITLE VP
NAME LORIA, VINCENT
STREET ADDRESS 4780 COUNTRY MEADOW
CITY - ST - ZIP SARASOTA, FL 34235

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPHINE LORIA PRESIDENT
Josephine Loria 4/3/06 941 371-2747