

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000077842		
1. Entity Name HAIR EXPRESSIONS OF TAMPA, INC.		
Principal Place of Business 11726 N. 56TH STREET TAMPA, FL 33617 US	Mailing Address 11726 N. 56TH STREET TAMPA, FL 33617 US	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent ANGLE, CONNIE M 14908 Balsa Wood Pl TAMPA, FL 33613		DO NOT WRITE IN THIS SPACE
6. 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)		
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 NAME STREET ADDRESS CITY - ST - ZIP	D ANGLE, CONNIE M 14908 Balsa Wood Pl TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUILLEN, PATRICIA 308 FIRST AVENUE S.E. LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3210120	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

1110000397293
01/30/06-80043-023 150.00

**DO NOT WRITE
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.

1/19/06 813 985-6211