

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000006503**

1. Entity Name  
**SCRUPLES INTERNATIONAL HAIR SALON, INC.**



Principal Place of Business  
**2828 S MCCALL RD SUITE 44  
ENGLEWOOD, FL 34224 US**

Mailing Address  
**2828 S MCCALL RD SUITE 44  
ENGLEWOOD, FL 34224 US**



04102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0459197</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**KOONS, VICKIE A  
246 RATONDA BLVD. N  
ROTONDA WEST, FL 33947**

**DO NOT WRITE  
IN THIS SPACE**

8. The above information was submitted by this state to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the filing.

SIGNATURE \_\_\_\_\_

(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	P KOONS, VICKIE A 246 ROTONDA BLVD. N. ROTONDA WEST, FL 33947
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05/03/06-80005-021 150.00

**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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Vickie A. Koons* President 4-16-06 941 473 4211