

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 03, 2006 8:00 am
Secretary of State

04-17-2006 90341 009 ***150.00

DOCUMENT # P94000034211

1. Entity Name

HAIR BIZ STYLISTS, INC.



Principal Place of Business

760 W HAMPSHIRE BLVD
PINE SPRINGS PLZ
CITRUS SPRINGS FL 34434

Mailing Address

760 W HAMPSHIRE BLVD
PINE SPRINGS PLZ
CITRUS SPRINGS FL 34434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3242211

Applied For
Not Applicable

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

TAJE, DARLENE H
760 W HAMPSHIRE BLVD
PINE SPRINGS PLZ
CITRUS SPRINGS FL 34434

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 must be printed name of registered agent and title of applicable

(NOTE: Registered Agent signature required when necessary)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D President ☐ Delete
NAME: TAJE, DARLENE H
STREET ADDRESS: 760 W HAMPSHIRE BLVD
CITY-ST-ZIP: CITRUS SPRINGS FL 34434

TITLE: President ☐ Change ☐ Addition
NAME: DARLENE H. TAJE
STREET ADDRESS: 760 W. Hampshire Blvd
CITY-ST-ZIP: CITRUS SPRINGS FL 34434

TITLE: TAJE ARTHUR F. ☐ Delete
NAME: 760 W Hampshire Blvd
STREET ADDRESS: CITRUS SPRINGS, FL 34434

TITLE: Vice President ☐ Change ☒ Addition
NAME: ARTHUR F. TAJE
STREET ADDRESS: 760 W. Hampshire Blvd
CITY-ST-ZIP: CITRUS SPRINGS FL 34434

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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 Section 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:

Don H. Jay Darlene H. Taje President 4-10-05 746-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #