


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 26, 2007 08:00 AM
Secretary of State**



DOCUMENT # P94000034270					
1. Entity Name HEAD TO TOE BEAUTY SUPPLY AND ART DU JOUR, INC.					
Principal Place of Business 3530 S.E. HYDE CIRCLE PORT ST. LUCIE FL 34984 US			Mailing Address 3530 S.E. HYDE CIRCLE PORT ST. LUCIE FL 34984 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0503924	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERN, RONALD N 3530 S.E. HYDE CIRCLE PORT ST. LUCIE FL 34984				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

1st MOORE CR2E034 (10/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D STERN, RONALD N 3530 S.E. HYDE CIRCLE PORT ST. LUCIE FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	1100000647735 03/06/07-80083-016 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY ST ZIP	S STERN, PAULA F 3530 S. E. HYDE CIRCLE PORT ST. LUCIE FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
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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: Ronald Neil Stern 2-2007 (954) 557-1040
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #