

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000057031

1. Entity Name
LORA'S CREATIVE HAIR & MORE, INC.



Principal Place of Business Mailing Address
4635 W EUCLID AVE 3215-A S. Macdill 4635 W EUCLID AVE 3215-A S.
TAMPA, FL 33629 US Macdill Ave TAMPA, FL 33629 US Macdill Ave

DO NOT WRITE IN THIS SPACE

**FILED
Feb 22, 2006 8:00 am
Secretary of State**

02-22-2006 90018 022 ***150.00

40010440



02042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3258101	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, LORA A
4635 W EUCLID AVE
TAMPA, FL 33629

**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	P
NAME	WEST, LORA A
STREET ADDRESS	4635 W EUCLID AVE
CITY-ST-ZIP	TAMPA, FL 336298358

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
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 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: *Sara A. West Lora A. West*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 813 839-8881
Date Daytime Phone #