

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000027512

1. Entity Name
ABRACADABRA HAIR STUDIO, INC.



Principal Place of Business
**4183 SOUTH TAMiami TRAIL
VENICE, FL 34293**

Mailing Address
**4183 SOUTH TAMiami TRAIL
VENICE, FL 34293**



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0584668

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRISON, R. CRAIG ESQ.
LYONS & BEAUDRY P.A.
1605 MAIN STREET, SUITE 1111
SARASOTA, FL 34236**

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLEMAN-HOGUE, DENISE A
4482 MCINTOSH LAKE AVENUE
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOGUE, PAUL R
4482 MCINTOSH LAKE AVENUE
SARASOTA, FL 34233**

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

U00000569377
07/11/06-80023-013 150.00

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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 #

Denise A Coleman Hogue 7-7-06 941-497-6988