

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90261 033 ***150.00

DOCUMENT # P95000051075
 1. Entity Name
 DAVID ANDREW HAIR STUDIO & SPA, INC.



Principal Place of Business: 725 LITHIA PINECREST RD. BRANDON, FL 33511
 Mailing Address: 16528 N. DALE MABRY HWY TAMPA, FL 33618

40001000

2. Principal Place of Business - No P.O. Box #
 16528 N. Dale Mabry Hwy
 Suite, Apt. #, etc.

City & State: Tampa, Florida
 Zip: 33618 Country: US



01222008 Chg-P CR2E034 (12/06)

4. FEI Number: 59-3325124
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 SANDERS, WALTER
 16528 N. DALE MABRY HWY
 TAMPA, FL 33618

7. Name and Address of New Registered Agent
 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: *Walter Sanders* *Walter Sanders* *4/30/08*
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, 2008 Fee will be \$550.00
 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: P NAME: COMBS, DAVID STREET ADDRESS: 3611 WOODHILL DR. CITY-ST-ZIP: BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David Combs* *David Combs* *4/30/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #