


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000002531</b> 1. Entity Name <b>C &amp; C HAIR DESIGN STUDIO, INC.</b>	
---	---

Principal Place of Business <b>702 N GREENWOOD AVE CLEARWATER, FL <del>34615</del> 33755</b>	Mailing Address <b>702 N GREENWOOD AVE CLEARWATER, FL <del>34615</del> 33755</b>
---	---

**DO NOT WRITE IN THIS SPACE**



08292007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3355638</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HARRIS, CHARLES  
702 N GREENWOOD AVE  
CLEARWATER, FL ~~34615~~  
33755**

**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
-----------	---	------

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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	<b>P HARRIS, CHARLES 702 N GREENWOOD AVE CLEARWATER, FL 33755</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HARRIS, SCHENIQUE 702 N GREENWOOD AVE CLEARWATER, FL 33755</b>
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	

**DO NOT WRITE  
IN THIS SPACE**

U000000773891  
09/14/07-80001-008 150.00

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.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>9-12-07</b> Date Daytime Phone #
---	---