


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000000374 1. Entity Name HAIR UNLIMITED, INC.	
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Principal Place of Business 3900 CLARK ROAD SUITE K2 SARASOTA, FL 34233	Mailing Address 3900 CLARK ROAD SUITE K2 SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0718644
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
☐ Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent

YOUNGBLOOD, LINDA M
2901 SALEM AVENUE
SARASOTA, FL 34232

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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 filer 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000385006 01/17/06-80038-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YOUNGBLOOD, DAVID J 2901 SALEM AVENUE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD YOUNGBLOOD, BETTY J 4102 HANK STREET SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD YOUNGBLOOD, LINDA M 2901 SALEM AVENUE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD YOUNGBLOOD, HENRY N 4102 HANK SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 Linda M. Youngblood 1/7/06 941-371-52
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #