


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000046261 1. Entity Name MORELLI & CO. HAIR DESIGNS, INC.	
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Principal Place of Business 1153 MAIN STREET SUITE 103 DUNEDIN, FL 34698	Mailing Address 1153 MAIN STREET SUITE 103 DUNEDIN, FL 34698
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DO NOT WRITE IN THIS SPACE



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3454792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORELLI, MICHAEL A 3323 WINDCHIME DR CLEARWATER, FL 34621

**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 _____ (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

**1100000478698
04/08/06-80015-016 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORELLI, MICHAEL A 3323 WINDCHIME DRIVE CLEARWATER, FL 34621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORELLI, SANDRA M 3323 WINDCHIME DRIVE CLEARWATER, FL 34621
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Michael A. Morelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06
Date

727-736-8611
Daytime Phone #