2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2006
Secretary of State

DOCUMENT# P97000073416

Entity Name: JACKSONVILLE HAIR REPLACEMENT, INC.

Current Principal Place of Business:

9770 BAYMEADOWS ROAD
STE. 101
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9770 BAYMEADOWS ROAD
STE. 101
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3463131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHINSON, JOANN
9770 OLD BAYMEADOWS RD.
SUITE 101
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

HUTCHINSON, JOANN
9770 BAY MEADOWS ROAD
SUITE 101
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: JOANN HUTCHINSON 02/05/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HUTCHINSON, JOANN
Address: 7910 LOS ROBLES CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: JOYNER, JOHN
Address: 7861 LA SIERRA CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: DESAI, BHARTI
Address: 1584 ROSWELL RD
City-St-Zip: MARIETTA, GA 30062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HUTCHINSON, JOANN
Address: 4480 DEERWOOD PARKWAY # 452
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN HUTCHINSON PRES 02/05/2006
Electronic Signature of Signing Officer or Director Date