

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000073416

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**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:**

JOYNER, JOHN  
7950 MONTEREY BAY DR  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** JOYNER, JOHN  
**Address:** 7950 MONTEEREY BAY DR  
**City-St-Zip:** JACKSONVILLE, FL 32256

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

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN JOYNER

PRES

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date