


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000031956

1. Entity Name
FONTENELE HAIR DESIGNERS INC.



Principal Place of Business 503 GEORGIA AVE FORT PIERCE, FL 34950	Mailing Address 503 GEORGIA AVE FORT PIERCE, FL 34950
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0827653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNDON, LOUISE
 4712 SEAGRAPE DRIVE
 FORT PIERCE, FL 34982**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000877515
 04/14/08-80017-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNDON, LOUISE 4712 SEAGRAPE DRIVE FORT PIERCE, FL 34982
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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: *Louise Herndon* **3/31/08** 772-464-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #