

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072116

Entity Name: LISA T'S HAIR AND NAIL SALON, INC.

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

240 A1A NORTH  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

240 A1A NORTH  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 59-3529107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SLAWITSCHKA, ELIZABETH  
9190 ROSEWATER LANE  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SLAWITSCHKA, ELIZABETH  
Address: 9190 ROSEWATER LANE  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH SLAWITSCHKA

PRES

04/21/2009

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

\_\_\_\_\_  
Date