2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 24, 2006 08:00 AM DOCUMENT # P98000088460 **Secretary of State** t. Entity Name HAIR ANTICS, INC. Principal Place of Business Mading Address 6819 GEORGIA AVE BRADENTON FL 34207 3971 CORTEZ RD W. BRADENTON FL 34210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied Far 4. FEI Number City & State 65-0867942 Not Applicable Country Country Zno Zio **\$8.75** Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIGGINS, STACIE L 6819 GEORGIA AVE Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34207** City 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. Signature, typed or printed name of registered agent and title if applicable INOTE, Repistered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition 🔲 TITLE ٥ ☐ Defete Tille ☐ Change ΝΑΜΓ NAME HIGGINS, STACIE L U00000445767 03/07/06-80062-023 150.00 STREET ADDRESS STREET ADDRESS 6819 GEORGIA AVE CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** Addition TITLE D ☐ Delete Change MARKE HIGGINS, BRIAN D NAME STREET ADDRESS 6819 GEORGIA AVE STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34207 CITY-ST-ZIP ☐ Detete Change Addition | TITLE title MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip Addition TITLE ☐ Delete TITLE Change NAME NAME, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ All virtu ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ACCURESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change Addition SITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 prostee 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 in address, with all/bliner fixed empowered.

FILED