


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P98000088460 1. Entity Name HAIR ANTICS, INC.	
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Principal Place of Business 3971 CORTEZ RD W. BRADENTON, FL 34210	Mailing Address 6819 GEORGIA AVE BRADENTON, FL 34207
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04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0867942	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

HIGGINS, STACIE L
 6819 GEORGIA AVE
 BRADENTON, FL 34207

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, STACIE L 6819 GEORGIA AVE BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, BRIAN D 6819 GEORGIA AVE BRADENTON, FL 34207
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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: Stacie L Higgins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07 941-727-1613
 Date Daytime Phone #