


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000098742
 1. Entity Name
HAIRTECK INC.



Principal Place of Business Mailing Address
710 N HWY A1A **710 N HWY A1A**
INDIALANTIC, FL 32903 **INDIALANTIC, FL 32903**

DO NOT WRITE IN THIS SPACE



07282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3545784 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LOWERY, RANDY D
710 N HWY A1A
INDIALANTIC, FL 32903

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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. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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


10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOWERY, RANDY D
STREET ADDRESS	710 N HWY A1A
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	D
NAME	DITRAGLIA, GERARDO
STREET ADDRESS	710 N HWY A1A
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 09/03/05-80003-012 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **19-6-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #