

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000106318

1. Entity Name
VONDA'S HAIR SALON, INC.



Principal Place of Business
**1713 NORTH NOVA ROAD
HOLLY HILL, FL 32117**

Mailing Address
**1713 NORTH NOVA ROAD
HOLLY HILL, FL 32117**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3594965

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHURCHMAN, RICHARD K.
1255 MASON AVENUE
DAYTONA BEACH, FL 32117**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
AND MAY 1, 2006 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	PD SACCONI, VONDA F 1713 NORTH NOVA ROAD HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SACCONI, JOSEPH 1713 NORTH NOVA ROAD HOLLY HILL, FL 32117
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000000534762
05/08/06-80025-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE: _____

Joseph Sacconi Vice Pres.

4-24-06 386-284-4982