

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000023975

1. Entity Name
SA-HAIR-A, INC.



FILED
06 MAR 16 PM 12:45

Principal Place of Business
711 SOUTH HIGHWAY 27 STE. A
CLERMONT, FL 34711

Mailing Address
711 SOUTH HIGHWAY 27 STE. A
CLERMONT, FL 34711



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03102006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3363271

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, BRET
700 ALMOND STREET
CLERMONT, FL 34711

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME FAIRBANKS, TAMMY R
STREET ADDRESS 711 SOUTH HIGHWAY 27 STE. A
CITY-ST-ZIP CLERMONT, FL 34711

TITLE P D ☒ Change ☐ Addition
NAME ALLEN, FREDRICK E.
STREET ADDRESS 711 SOUTH HIGHWAY 27 STE A
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D ☒ Delete
NAME POWELL, STACY
STREET ADDRESS 711 SOUTH HIGHWAY 27 STE. A
CITY-ST-ZIP CLERMONT, FL 34711

TITLE VPD ☒ Change ☐ Addition
NAME ALLEN, GAIL M
STREET ADDRESS 711 SOUTH HIGHWAY 27 STE A
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800069049838
STREET ADDRESS 03/30/06--01037--017 **\$61.25
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #