

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000023975

Entity Name: SA-HAIR-A, INC.

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

711 SOUTH HIGHWAY 27 STE. A  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

711 SOUTH HIGHWAY 27 STE. A  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 59-3363271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, BRET  
700 ALMOND STREET  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALLEN, FREDRICK E  
Address: 711 SOUTH HIGHWAY 27 STE. A  
City-St-Zip: CLERMONT, FL 34711

Title: VPD  
Name: ALLEN, GAIL M  
Address: 711 SOUTH HIGHWAY 27 STE. A  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAIL M. ALLEN

OWNE

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date