

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000054895

1. Entity Name  
THE HAIR EXCHANGE, INC.



Principal Place of Business  
3839 N. MONROE ST., UNIT 10  
TALLAHASSEE, FL 32303

Mailing Address  
3839 N. MONROE ST., UNIT 10  
TALLAHASSEE, FL 32303

FILED

2006 MAY 16 A 9 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3582090

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HILL, DEBORAH M  
3839 N. MONROE ST., UNIT 10  
TALLAHASSEE, FL 32303

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
HILL, DEBORAH M  
PO BOX 180464  
TALLAHASSEE, FL 323180464

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
SELLERS, LYNNE K  
3839 N. MONROE 10  
TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600074753166  
05/17/06--01012--005 \*\*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 like empowered.

SIGNATURE:

*Deborah M. Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/06  
Date

(850) 519-2612  
Daytime Phone #