

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059050

Entity Name: WILLIAM'S HAIR DESIGN, INC.

FILED  
Mar 15, 2010  
Secretary of State

**Current Principal Place of Business:**

13731 WEEPING WILLOW WAY  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

13731 WEEPING WILLOW WAY  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 59-3584432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARILLON, WILLIAM A  
13731 WEEPING WILLOW WAY  
JACKSONVILLE, FL 32224 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: DPT  
Name: CARILLON, WILLIAM A  
Address: 13731 WEEPING WILLOW WAY  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DVS  
Name: CARILLON, HOLLY H  
Address: 13731 WEEPING WILLOW WAY  
City-St-Zip: JACKSONVILLE, FL 32224

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: WILLIAM A. CARILLON

DPT

03/15/2010

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

\_\_\_\_\_ Date