

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000059830

1. Entity Name
HEAD CORPORATION



Principal Place of Business
20901 SW 117TH AVE.
MIAMI, FL 33177

Mailing Address
20901 SW 117TH AVE.
MIAMI, FL 33177

FILED

06 SEP 18 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LIVERPOOL, RUTH
4974 N UNIVERSITY DR
LAUDERDALE, FL 33351

**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 15, 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	P
NAME	ESDELLE-ALLEYNE, ESTHER
STREET ADDRESS	20901 SW 117TH AVE.
CITY-ST-ZIP	MIAMI, FL 33177

TITLE	V
NAME	ESDELLE, DAVID
STREET ADDRESS	253 HAMCE TRACE
CITY-ST-ZIP	MARIETTA, GA 30068

TITLE	S
NAME	ESDELLE, FITZ H
STREET ADDRESS	20901 SW 117TH AVE.
CITY-ST-ZIP	MIAMI, FL 33177

TITLE	T
NAME	ESDELLE, ALSTON
STREET ADDRESS	3981 NW 46TH TERRACE
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33333

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600080002466
09/20/06--01053--002 **150.00

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IN THIS SPACE**

29/19

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:

Esther Esdelle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.13.06

Date

Daytime Phone #