

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088599

Entity Name: HAIR SHAPERS, INC.

FILED  
Apr 12, 2010  
Secretary of State

**Current Principal Place of Business:**

4434 HANCOCK BRIDGE PKWY  
FORT MYERS, FL 33903

**New Principal Place of Business:**

4434 HANCOCK BRIDGE PKWY  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

4396 HARBOUR TERRACE  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

FEI Number: 65-0953610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VERBORN, DEBRA L  
4396 HARBOUR TERRACE  
NORTH FORT MYERS, FL 33903 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: P  
Name: VERBORN, DEBRA  
Address: 4396 HARBOUR TERRACE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP  
Name: VERBORN, MICHAEL D SR  
Address: 4396 HARBOUR TERRACE  
City-St-Zip: NORTH FORT MYERS, FL 33903

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: DEBRA L. VERBORN

PRES

04/12/2010

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

\_\_\_\_\_ Date