

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101400

Entity Name: TIME OUT HAIR DESIGN, INC.

FILED  
Mar 03, 2008  
Secretary of State

## Current Principal Place of Business:

2146 9TH AVE N  
SAINT PETERSBURG, FL 33713

## New Principal Place of Business:

521-49TH STREET NORTH  
SAINT PETERSBURG, FL 33710

## Current Mailing Address:

2146 9TH AVE N  
SAINT PETERSBURG, FL 33713

## New Mailing Address:

521-49TH STREET NORTH  
SAINT PETERSBURG, FL 33710

FEI Number: 59-3612798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCIRICA, ANTHONY  
2146 9TH N  
SAINT PETERSBURG, FL 33713 US

## Name and Address of New Registered Agent:

SCIRICA, ANTHONY  
521-49TH STREET NORTH  
SAINT PETERSBURG, FL 33710 US

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:

03/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: SCIRICA, CELIA  
Address: 2146 9TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D ( ) Delete  
Name: SCIRICA, ANTHONY  
Address: 2146 9TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: SCIRICA, CELIA  
Address: 521-49TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D (X) Change ( ) Addition  
Name: SCIRICA, ANTHONY  
Address: 521-49TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY SCIRICA

D

03/03/2008

Electronic Signature of Signing Officer or Director

Date