

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P99000103057

1. Entity Name
NEW IMAGE HAIR AND NAIL SALON, INC.



Principal Place of Business
**9407 U.S. HIGHWAY 301 NORTH
RIVERVIEW, FL 33569**

Mailing Address
**9407 U.S. HIGHWAY 301 NORTH
RIVERVIEW, FL 33569**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3613696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAY, BRANDI L
10039 RIVER DRIVE
GIBSONTOWN, FL 33534**

**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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000749687
05/18/07-80029-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAY, BRANDI L
STREET ADDRESS	9407 U.S. HIGHWAY 301 NORTH
CITY- ST- ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	EICHHOLZ, SHERRI L
STREET ADDRESS	1030 MEADOW LANE
CITY- ST- ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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:

Brandi Acerra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

Date

832940834

Daytime Phone #