



FILED
May 15, 2007 8:00 am
Secretary of State

04-23-2007 90094 014 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S24845			
1. Entity Name A CUT ABOVE, HAIR STYLING STUDIO, INC.			
Principal Place of Business 1004 ETHLYN RD PANAMA CITY, FL 32404	Mailing Address 1004 ETHLYN RD PANAMA CITY, FL 32404		
DO NOT WRITE IN THIS SPACE		66014947 	
		01112007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3041357	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 BYLSMA, ELLEN 1004 ETHLYN RD. PANAMA CITY, FL 32404		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	BYLSMA, ELLEN		
STREET ADDRESS	1004 ETHLYN RD		
CITY - ST - ZIP	PANAMA CITY, FL		
TITLE	D		
NAME	REXRODE, MITCHELL		
STREET ADDRESS	1004 ETHLYN RD		
CITY - ST - ZIP	PANAMA CITY, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: <i>Ellen Bylsma</i>		5/4/07 850/874-2825	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	