


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90080 043 ***150.00

DOCUMENT # S66147 1. Entity Name LOU'S SPOT HAIR SALON, INC.	
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Principal Place of Business 521 S. GULFVIEW BLVD CLEARWATER, FL 33767	Mailing Address PO BOX 3433 CLEARWATER, FL 33767
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40038382



01152007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3076958	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JACKSON, LINDA 2101 SUNSET PT. RD. UNIT 1805 CLEARWATER, FL 33765	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, LINDA 2101 SUNSET PT RD., #1805 CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda S. Jackson 3/14/07 727-447-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Certified Public Accountants

Hicks, Frankenberg & Associates, P.A.

ATTACHMENT 40038382

566147

(727) 796-2459

FAX (727) 791-0507

Don. R. Frankenberg
Michael D. Hicks

Lou's Spot Hair Salon, Inc.

Period Ended: 12/31/2006

Please review the information below for completeness and accuracy. After your approval, forward to your attorney for preparation of corporate minutes.

☒ Compensation to Officers:

	<u>Salary</u>	<u>Shareholder Medical</u>	<u>Other</u>
<u>Linda Jackson</u>	<u>11,400</u>	<u>0</u>	

☐ Contribution to Retirement Plan(s)

<u>Pension</u>	<u>Profit Sharing</u>	<u>Other</u>
<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

☐ Stockholder / Officer Loan Balances and Terms:

<u>Name</u>	<u>Receivable From</u>	<u>Payable To</u>	<u>Interest Rate</u>	<u>Date Due</u>

☐ Changes in officers, directors, stockholders, or registered agent:

☐ Employee/Stockholder Business Vehicle Changes:

☒ Current year distributions to shareholders

Total distributions were paid from the Accumulated Adjustments Account of: 31,165

☐ Other:

Michael
Member:
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants