

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V03330**

1. Entity Name

JENNY'S HAIR EXPECTATIONS, INC.



Principal Place of Business

NOKOMIS VILLAGE SHOPPING CENTER  
UNIT 1085A  
NOKOMIS, FL 34275

Mailing Address

NOKOMIS VILLAGE SHOPPING CENTER  
UNIT 1085A  
NOKOMIS, FL 34275



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0301752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MITIS, STEVEN  
NOKOMIS VILLAGE SHOPPING CENTER  
UNIT 1085A  
NOKOMIS, FL 34275

**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

STEVE MITIS PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000916810  
05/13/08-20015-017 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
MITIS, STEVEN  
1085A TAMiami TRAIL  
NOKOMIS, FL 34275

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSP  
MITIS, CANDICE  
1085A TAMiami TRAIL  
NOKOMIS, FL 34275

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE MITIS

Date

Daytime Phone #

4-2-08

941-485-4477