

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K75370

**Entity Name:** EXECUTIVE HAIR STYLING, INC.

**Current Principal Place of Business:**

10464 ROOSEVELT BLVD  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

10464 ROOSEVELT BLVD  
ST. PETERSBURG, FL 33716

**FEI Number:** 59-2952530

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PATRICK K. AMBROSE C.P.A.  
10773 70TH AVE N  
SEMINOLE, FL 33772 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	STD
Name	MCPAHAN, DENNIS	Name	MCPAHAN, JANET SUE
Address	10464 ROOSEVELT BLVD	Address	10464 ROOSEVELT BLVD
City-State-Zip:	ST PETE FL	City-State-Zip:	ST PETE FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** DENNIS MCPAHAN

**PRESIDENT**

**01/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date