

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000058224

**Entity Name:** SHEAR FINESSE HAIR STYLING ACADEMY, INC.

**Current Principal Place of Business:**

5238-2 NORWOOD AVE.  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

5238-2 NORWOOD AVE.  
JACKSONVILLE, FL 32208

**FEI Number:** 35-2342114

**Certificate of Status Desired:** Yes

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

WILLIAMS, YVONNE  
9874 WESBOURNE COURT  
JACKSONVILLE, FL 32221 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  
Name WILLIAMS, YVONNE CEO  
Address 11958 IRON CREEK RD  
City-State-Zip: JACKSONVILLE FL 32218

Title VPSD  
Name NEALY, MARKEYA M  
Address 11958 IRON CREEK RD  
City-State-Zip: JACKSONVILLE FL 32218

Title TD  
Name WILLIAMS, YVONNE  
Address 11958 IRON CREEK RD  
City-State-Zip: JACKSONVILLE FL 32218

Title TD  
Name NEALY, MARKEYA  
Address 11958 IRON CREEK RD  
City-State-Zip: JACKSONVILLE FL 32218

*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:** YVONNE WILLIAMS

**PRESIDENT**

**05/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date