

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90007 016 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 655778**

1. Corporation Name  
**CINDY'S BEAUTY SALON, INC.**

Principal Place of Business

**4550 JONESBORO ROAD  
UNION CITY GA 30291**

Mailing Address

**4550 JONESBORO ROAD  
UNION CITY GA 30291**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/13/1980**

4. FEI Number

**59-1997323**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

23. City & State

24. Zip

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, OLIVER  
2560 N ST RD 7  
LAUDERDALE LAKES FL 33313**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD JOHNSON, CYNTHIA  
110 SCARLETT OAK WAY  
FAIRBURN GA**

TITLE ☐ DELETE

**S JOHNSON, TIFFANY  
110 SCARLETT OAK WAY  
FAIRBURN GA 30213**

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ☐ Change ☐ Addition

1.2 NAME: ☐ Change ☐ Addition

1.3 STREET ADDRESS: ☐ Change ☐ Addition

1.4 CITY-ST-ZIP: ☐ Change ☐ Addition

2.1 TITLE: ☐ Change ☐ Addition

2.2 NAME: ☐ Change ☐ Addition

2.3 STREET ADDRESS: ☐ Change ☐ Addition

2.4 CITY-ST-ZIP: ☐ Change ☐ Addition

3.1 TITLE: ☐ Change ☐ Addition

3.2 NAME: ☐ Change ☐ Addition

3.3 STREET ADDRESS: ☐ Change ☐ Addition

3.4 CITY-ST-ZIP: ☐ Change ☐ Addition

4.1 TITLE: ☐ Change ☐ Addition

4.2 NAME: ☐ Change ☐ Addition

4.3 STREET ADDRESS: ☐ Change ☐ Addition

4.4 CITY-ST-ZIP: ☐ Change ☐ Addition

5.1 TITLE: ☐ Change ☐ Addition

5.2 NAME: ☐ Change ☐ Addition

5.3 STREET ADDRESS: ☐ Change ☐ Addition

5.4 CITY-ST-ZIP: ☐ Change ☐ Addition

6.1 TITLE: ☐ Change ☐ Addition

6.2 NAME: ☐ Change ☐ Addition

6.3 STREET ADDRESS: ☐ Change ☐ Addition

6.4 CITY-ST-ZIP: ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

**770-969-4246**