

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064129

FILED
Apr 12, 2011
Secretary of State

Entity Name: BOWMAN BEAUTY & BARBER SUPPLY, INC.

Current Principal Place of Business:

1850 WEST MCNAB ROAD
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1850 WEST MCNAB ROAD
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 26-3910636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE STEPHAN CO.
1850 WEST MCNAB ROAD
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: FEROLA, FRANK F
Address: 1850 WEST MCNAB ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: VP/T
Name: SPINDLER, ROBERT
Address: 1850 WEST MCNAB ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: D
Name: GROSS, WILLIAM
Address: 1850 WEST MCNAB ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: DSEC
Name: BABB, BRETT L
Address: 1850 WEST MCNAB ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: VP
Name: BOWMAN, GERALD
Address: 1850 WEST MCNAB ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309 US

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: LESLIE B. BABB

DSEC

04/12/2011

Electronic Signature of Signing Officer or Director

_____ Date