

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038064

FILED
Apr 27, 2004
Secretary of State

Entity Name: LIFESTYLE HAIR, INC.

Current Principal Place of Business:

709 MILL TRAIL CT
PONTE VEDRA BCH, FL 32082

New Principal Place of Business:

Current Mailing Address:

709 MILL TRAIL CT.
PONTE VEDRA BCH, FL 32082

New Mailing Address:

FEI Number: 27-0016671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULT, CAROL
709 MILL TRAIL CT
PONTE VEDRA BEACH, FL 32082 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHULT, CAROL
Address: 709 MILL TRAIL CT.
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D () Delete
Name: SCHULT, KENNETH
Address: 709 MILL TRAIL CT.
City-St-Zip: PONTE VEDRA BCH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROL SCHULT

PD

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date