

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000039208

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** BYRDFINGERS HAIR DESIGNS, INC.

**Current Principal Place of Business:**

10905 SE HWY 441  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

10905 SE HWY 441  
BELLEVIEW, FL 34420

**New Mailing Address:**

**FEI Number:** 59-3186905      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BYRD, JOANN  
2840 SW 162ND LANE  
OCALA, FL 34473 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: PSTD ( ) Delete  
Name: BYRD, JOANN  
Address: 2840 SW 162ND LANE  
City-St-Zip: Ocala, FL 34473

Title: SEC ( ) Delete  
Name: JONES, LINDA  
Address: 2840 SW 162ND LANE  
City-St-Zip: Ocala, FL 34473

Title: VP ( ) Delete  
Name: HOGAN, JUANITA  
Address: 306 OAK TRACK COURSE  
City-St-Zip: Ocala, FL 34472

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: JOANN BYRD

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date