


ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90117 003 ***150.00

DOCUMENT # P99000050452

1. Entity Name
ESCAPE HAIR STUDIOS, INC.



Principal Place of Business Mailing Address

2774 PARK STREET **2774 PARK STREET**
JACKSONVILLE, FL 32205 US **JACKSONVILLE, FL 32205 US**

2. Principal Place of Business 3. Mailing Address

Hair Salon **2774 PARK ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

JAX **FLA**

Zip Country Zip Country

32205 **DUAL** **USA**

05012004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3587889 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	REDMOND, LISA D	
STREET ADDRESS	3647 PARK STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REDMOND, MARK L	
STREET ADDRESS	3647 PARK STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa D Redmond 5-1-04 904 389-8437

SIGNATURE AND TYPE OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date Telephone #