
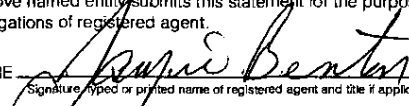
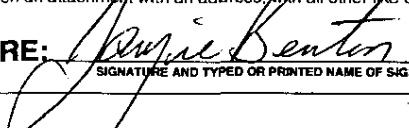


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90375 030 ***158.75

DOCUMENT # V35419			
1. Entity Name SECRETS HAIR DESIGN, INC.			
Principal Place of Business 1913 S FRENCH AVE SANFORD, FL 32771		Mailing Address 1913 S FRENCH AVE SANFORD, FL 32771	
2. Principal Place of Business 3713 Lake Emma Road Suite, Apt. #, etc.		3. Mailing Address 2896 Avalona Drive Suite, Apt. #, etc.	
City & State Lake Mary, Florida		City & State Sanford, Florida	
Zip 32746		Country Seminole	
Zip 32773		Country Seminole	
4. FEI Number 59-3123983		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENTON, JAMIE E 2896 AVALONA DRIVE SANFORD, FL 32773		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 		SIGNATURE <u>Jamie Benton</u>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <u>4/26/04</u>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENTON, JAMIE E	NAME	Benton, Eva M
STREET ADDRESS	2896 AVALONA DRIVE	STREET ADDRESS	2890 Avalona Drive
CITY-ST-ZIP	SANFORD, FL 32773	CITY-ST-ZIP	Sanford, Florida 32773
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTON, GILBERT S.	NAME	
STREET ADDRESS	5110 BRYANT AVE	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, CHARLES W.	NAME	
STREET ADDRESS	4705 HWY 427	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		SIGNATURE <u>Jamie Benton</u>	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		(Date)	
Date		Daytime Phone # <u>407-444-9902</u>	
		or <u>407-328-1807</u>	