2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# 375464

Entity Name: FRENCH QUARTER BEAUTY SALON INC.

Current Principal Place of Business:

1932 DOEW ST.
UNIT 1
CLEARWATER, FL 33765

New Principal Place of Business:

1932 DREW ST.
UNIT 1
CLEARWATER, FL 33765

Current Mailing Address:

1932 DOEW ST.
UNIT 1
CLEARWATER, FL 33765

New Mailing Address:

1932 DREW ST.
UNIT 1
CLEARWATER, FL 33765

FEI Number: 59-1316788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OVERCASHIER, GREGORY
1932 DOEW ST.
UNIT 1
CLEARWATER, FL 33765

Name and Address of New Registered Agent:

OVERCASHIER, GREGORY
1932 DREW ST.
UNIT 1
CLEARWATER, FL 33765

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: _____ 04/27/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: OVERCASHIER, GREGORY,
Address: 1969 DREW ST
City-St-Zip: CLEARWATER, FL

Title: VD ( ) Delete
Name: OVERCASHIER, TRISTAN
Address: 1665 MAGNOLIA DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: SD ( ) Delete
Name: OCERCASHIER, KELLY
Address: 1665 MAGNOLIA DRIVE
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: OVERCASHIER, GREGORY
Address: 1932 DREW ST SUITE 1
City-St-Zip: CLEARWATER, FL

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

Title: SD (X) Change ( ) Addition
Name: OVERCASHIER, KELLY
Address: 1665 MAGNOLIA DRIVE
City-St-Zip: CLEARWATER, FL 33756

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: GREGORY OVERCASHIER PTD 04/27/2004
Electronic Signature of Signing Officer or Director — Date