

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 375464

FILED
May 07, 2005
Secretary of State

Entity Name: FRENCH QUARTER BEAUTY SALON INC.

Current Principal Place of Business:

1932 DREW ST.
UNIT 1
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

1932 DREW ST.
UNIT 1
CLEARWATER, FL 33765

New Mailing Address:

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 DREW ST.
UNIT 1
CLEARWATER, FL 33765 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: OVERCASHIER, GREGORY
Address: 1932 DREW ST SUITE 1
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: OVERCASHIER, KELLY
Address: 1665 MAGNOLIA DRIVE
City-St-Zip: CLEARWATER, FL 33756

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: GREGORY OVERCASHIER

PTD

05/07/2005

Electronic Signature of Signing Officer or Director

Date