


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90413 025 ***150.00

DOCUMENT # 464527

1. Entity Name
 HAIR-ISLAND-NAILS & MORE, INC.



Principal Place of Business
 12130 SEMINOLE BLVD
 LARGO, FL 33778

Mailing Address
 12130 SEMINOLE BLVD
 LARGO, FL 34648

94080112



DO NOT WRITE IN THIS SPACE

04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-1558578

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BROGLE, LYNDA F
 12078 MURRAY AVE N
 LARGO, FL 33778

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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: Lynda F. Brogle DATE: 4-29-04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BROGLE, LYNDA F 12078 MURRAY AVE N LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROGLES, JOHN M 12078 MURRAY AVE N LARGO, FL 33778
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Lynda F. Brogle DATE: 4-28-04 DAYTIME PHONE #: 727-586-1223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR