

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 591887

FILED  
Jul 28, 2004  
Secretary of State

**Entity Name:** ROFFLER BARBER AND HAIR DESIGNER COLLEGE, INC.

**Current Principal Place of Business:**

220 MAIN STREET  
P O BOX 1367  
MCCOMB, MS 39648

**New Principal Place of Business:**

**Current Mailing Address:**

220 MAIN STREET  
P O BOX 1367  
MCCOMB, MS 39648

**New Mailing Address:**

PO BOX 1367  
MCCOMB, MS 39648

**FEI Number:** 59-1884535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, STEWART A., JR.  
2626 CRYSTAL COURT COVE  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

SMITH, STEWART A JR  
2626 CRYSTAL COURT COVE  
JACKSONVILLE, FL 32224 US

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: STEWART SMITH, JR

07/28/2004

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: P ( ) Delete  
Name: SMITH, STEWART A.,  
Address: P.O. BOX 1367  
City-St-Zip: MCCOMB, MS 39648

Title: ST ( ) Delete  
Name: SMITH, AILEEN B.,  
Address: P.O. BOX 1367  
City-St-Zip: MCCOMB, MS 39648

Title: V ( ) Delete  
Name: SMITH, STEWART A. JR,  
Address: 2626 CRYSTAL COURT COVE  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SMITH, STEWART A  
Address: 2408 PINE ISLAND COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: ST (X) Change ( ) Addition  
Name: SMITH, AILEEN B  
Address: 2408 PINE ISLAND COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: V (X) Change ( ) Addition  
Name: SMITH, STEWART A JR  
Address: 2626 CRYSTAL COURT COVE  
City-St-Zip: JACKSONVILLE, FL 32224

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: STEWART A SMITH

P

07/28/2004

Electronic Signature of Signing Officer or Director

Date