

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90023 042 ***158.75

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1. Entity Name
GULF STATES BEAUTY SUPPLY CO., INC.



Principal Place of Business
**5951 GREENWOOD PARKWAY
BESSEMER, AL 35022**

Mailing Address
**P. O. BOX 1177
BIRMINGHAM, AL 35201**

20025909



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number
63-0437063

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**C
VON ALLMEN, DOUGLAS
1901 ULMERTON RD STE 226
CLEARWATER, FL 33672**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CHEEK, JAMIE
1901 ULMERTON RD STE 226
CLEARWATER, FL 33672**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FULKERSON, RANDY J
1645 CROSS GATE DRIVE
BIRMINGHAM, AL 35216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
KERSCHNER, ALAN
1901 ULMERTON RD STE 226
CLEARWATER, FL 33672**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
FIEGLE, JIM
7301 114TH AVE N
LARGO, FL 33773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/05
Date

(205) 428-2340
Daytime Phone #