


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90006 045 \*\*\*150.00

DOCUMENT # F69243			
1. Entity Name SEBASTIAN HAIRSTYLING, INC.			
Principal Place of Business % EDWARD BRUCE ADLER 1323 N CENTRAL AVENUE SEBASTIAN, FL 32958		Mailing Address % EDWARD BRUCE ADLER 1323 N CENTRAL AVENUE SEBASTIAN, FL 32958	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ADLER, EDWARD BRUCE 1323 N CENTRAL AVENUE SEBASTIAN, FL 32958		Name <u>ADLER, WILMA D</u> Street Address (P.O. Box Number is Not Acceptable) <u>1323 N. CENTRAL AVENUE</u> City <u>SEBASTIAN</u> FL Zip Code <u>32958</u>	
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 <u>Wilma D Adler</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Wilma D Adler</u> <u>3/29/04</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ADLER, WILMA D 1323 N CENTRAL AVE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP ADLER, WILMA D 1323 N. CENTRAL AVE SEBASTIAN, FL-32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADLER, EDWARD BRUCE 1323 N CENTRAL AVE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIV ADLER, EDWARD BRUCE 1323 N CENTRAL AVE SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Wilma D Adler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Wilma D Adler</u> <u>3/29/04</u> <u>772-589-7875</u> <small>Date Daytime Phone #</small>	

34044306



01152004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-2167738 Applied For  
Not Applicable

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