

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90027 026 ***150.00

DOCUMENT # G12970	
1. Entity Name ZANE & CO. HAIR SALON	

Principal Place of Business 3611 ST. JOHNS AVENUE JACKSONVILLE FL 32205	Mailing Address 3611 ST. JOHNS AVENUE JACKSONVILLE FL 32205
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2354108	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHAW, KRASHEL ZANE 3611 ST. JOHNS AVENUE JACKSONVILLE FL 32205
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

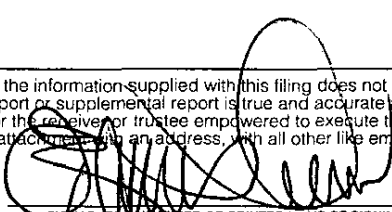
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME SHAW, KRASHEL Z	TITLE	NAME
STREET ADDRESS 3611 ST. JOHNS AVENUE	CITY-ST-ZIP JACKSONVILLE, FL 0	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME DALTON, J. C	TITLE	NAME
STREET ADDRESS 3611 ST. JOHNS AVE.	CITY-ST-ZIP JACKSONVILLE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME SHAW, KRASHEL Z	TITLE	NAME
STREET ADDRESS 3611 ST. JOHNS AVE.	CITY-ST-ZIP JACKSONVILLE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE T	NAME DALTON, J. C	TITLE	NAME
STREET ADDRESS 3611 ST. JOHNS AVE.	CITY-ST-ZIP JACKSONVILLE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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 to an address, with all other like empowered.

SIGNATURE:	DATE	DAYTIME PHONE #
	4-16-04	904-389-5533