

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90343 045 ***150.00

DOCUMENT # H93270	
1. Entity Name GULF COAST HAIR CARE, INC.	

Principal Place of Business 9851 THOMAS DRIVE SUITE 108 PANAMA CITY BEACH, FL 32408 US	Mailing Address 9851 THOMAS DRIVE SUITE 108 PANAMA CITY BEACH, FL 32408 US
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2. Principal Place of Business 5912 Thomas Drive Suite, Apt. #, etc.	3. Mailing Address 5912 Thomas Drive Suite, Apt. #, etc.
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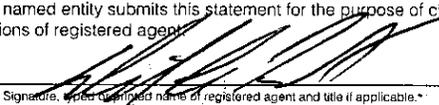
04222004 Chg-P CR2E034 (10/03)

City & State Panama City Beach, FL Zip 32408 Country USA	City & State Panama City Beach, FL Zip 32408 Country USA	4. FEI Number 59-2638700	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLAAT, DAVID LOWELL 9851 THOMAS DRIVE SUITE 108 PANAMA CITY BEACH, FL 32411		7. Name and Address of New Registered Agent Name Flaot, David Lowell Street Address (P.O. Box Number is Not Acceptable) 5912 Thomas Drive City Panama City Beach FL Zip Code 32408	
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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  David Lowell Flaot DATE 4/22/04

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

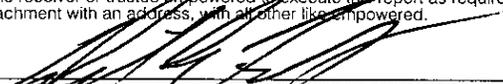
DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P NAME FLAAT, DAVID LOWELL STREET ADDRESS 189 MARLIN CIRCLE CITY-ST-ZIP PANAMA CITY BEACH, FL 32411	<input type="checkbox"/> Delete
TITLE VP NAME FLAAT, LINDA MARIE STREET ADDRESS 189 MARLIN CIRCLE CITY-ST-ZIP PANAMA CITY BEACH, FL 32411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME Flaot, David Lowell STREET ADDRESS 322 Wahoo Road CITY-ST-ZIP Panama City Beach, FL 32408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME Flaot, Linda Marie STREET ADDRESS 322 Wahoo Road CITY-ST-ZIP Panama City Beach, FL 32408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  DATE 4/22/04 DAYTIME PHONE # 850-234-7697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #