

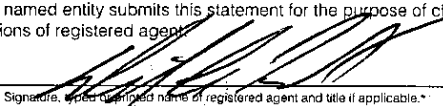
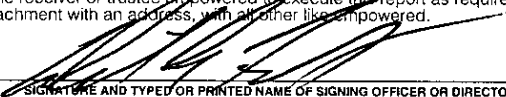


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business 5912 Thomas Drive Suite, Apt. #, etc.		3. Mailing Address 5912 Thomas Drive Suite, Apt. #, etc.			
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	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 Flaat, David Lowell Street Address (P.O. Box Number is Not Acceptable) 5912 Thomas Drive City Panama City Beach FL Zip Code 32408	
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 Flaata DATE 4/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLAAT, DAVID LOWELL 189 MARLIN CIRCLE PANAMA CITY BEACH, FL 32411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Flaat, David Lowell 322 Wahoo Road Panama City Beach, FL 32408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLAAT, LINDA MARIE 189 MARLIN CIRCLE PANAMA CITY BEACH, FL 32411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Flaat, Linda Marie 322 Wahoo Road Panama City Beach, FL 32408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 			4/22/04 SED-234-7697 <small>Date Daytime Phone #</small>		