2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # J25900 1. Entity Name 04-12-2004 90251 024 ***150.00 EXPRESSIONS IN HAIR, INC. Principal Place of Business Mailing Address 8435 4TH ST N ST. PETERSBURG FL 33702 8435 4TH ST N ST. PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 59-3082523 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIGGS, CYNDA Street Address (P.O. Box Number is Not Acceptable) 6672 69TH AVE NORTH PINELLAS PARK FL 34665 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. □ Change Addition TITLE Delete TITLE BIGGS, CYNDA NAME NAME 6672 69TH AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE BIGGS, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 6672 69TH AVE N CITY-ST-ZIP PINELLAS PARK FL CITY-ST-ZIP Secretary Change TITLE ☐ Addition THUE Delete SAVANA - B. G-6-5-NAME BIGGS: RICHARD NAME-6672 69Th Ave N. 5000 33RD AVE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Change ☐ Addition TITLE Delete TITLE BIGGS, CYNDA NAME NAME 6672 69TH AVE NORTH STREET ADDRESS STREET ADDRESS PINELLAS PARK FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with an address, with all other like empowered.

FILED