


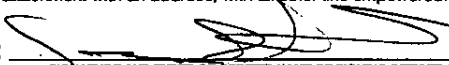


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90016 008 ***158.75

DOCUMENT # J55645 1. Entity Name AHEAD OF HAIR, INC.					
Principal Place of Business 5566 FT. CAROLINE RD. SUITE 25 JACKSONVILLE, FL 32277 US			Mailing Address 11535 FORT CAROLINE LAKES DR. JACKSONVILLE, FL 32225-2551 US		
2. Principal Place of Business AHEAD OF HAIR Suite, Apt. #, etc. SUITE 25 City & State JACKSONVILLE FL. Zip 32277 Country DUVAL		3. Mailing Address 5566 FT. CAROLINE RD Suite, Apt. #, etc. SUITE 25 City & State JACKSONVILLE FL. Zip 32277 Country DUVAL			
02122004 Chg-P CR2E034 (10/03)				4. FEI Number 59-2860742	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HEAD, JAMES F JR. 11535 FT. CAROLINE LAKES DRIVE JACKSONVILLE, FL 32225			7. Name and Address of New Registered Agent Name FRANK D. ALBERTINI Street Address (P.O. Box Number is Not Acceptable) 5566 FT. CAROLINE RD. SUITE 25 City JACKSONVILLE FL Zip Code 32217		
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  DATE 02.12.04 <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	PVT ALBERTINI, FRANK D 2253 LAKE LUCINA DRIVE JACKSONVILLE, FL 32211	<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"/> 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: 			0212 04 (904) 994-1863 Date Daytime Phone #		