

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J57803

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: CHEVEUX HAIR DESIGN, INC.

## Current Principal Place of Business:

2268 WEDNESDAY ROAD  
BUILDING #5  
TALLAHASSEE, FL 32308 US

## Current Mailing Address:

6721 WALDEN CIR  
TALLAHASSEE, FL 32311 US

## New Principal Place of Business:

2522 CAPITAL CIRCLE N.E.  
SUITE 16  
TALLAHASSEE, FL 32308 US

## New Mailing Address:

2522 CAPITAL CIRCLE N.E.  
SUITE16  
TALLAHASSEE, FL 32308 US

FEI Number: 59-3457936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINSON, CHARLENE T  
6721 WALDEN RD  
TALLAHASSEE, FL 32311 US

## Name and Address of New Registered Agent:

JESTER, FRANCES E  
370 LOST CREEK LANE  
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: FRANCES E. JESTER

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAVIS, JULIE P  
Address: 2875 KILKIERANE DR.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: P ( ) Delete  
Name: RUSSELL, LAURIE L  
Address: 4575 AMBER VALLEY DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: P ( ) Delete  
Name: JESTER, FRANCES E  
Address: PO BOX 1354  
City-St-Zip: CRAWFORDVILLE, FL 32326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: JESTER, FRANCES E  
Address: 370 LOST CREEK LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES E. JESTER

P

04/14/2005

Electronic Signature of Signing Officer or Director

Date