


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

|  |         |   |         |
|--|---------|---|---------|
| DOCUMENT # K82162  |         |  |         |
| 1. Entity Name<br>JORGEO HAIR SALON, INC.                              |         |   |         |
| Principal Place of Business<br>1712 SOUTH DALE MABRY<br>TAMPA FL 33629 |         | Mailing Address<br>1712 SOUTH DALE MABRY<br>TAMPA FL 33629                        |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |
| 4. FEI Number<br>59-2949549  |         | Applied For<br><input type="checkbox"/> Not Applicable                            |         |
| 5. Certificate of Status Desired <input type="checkbox"/>              |         | \$8.75 Additional Fee Required  |         |



1st MOORE CR2E034 (10/04)

|  |  |  |  |
|--|--|--|--|
| 5. Name and Address of Current Registered Agent      |  | 7. Name and Address of New Registered Agent        |  |
| FEILD, JUANITA<br>4412 W CARMEN ST<br>TAMPA FL 33609 |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | City   |  |
|  |  | FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|--|---|---|
| TITLE<br>PD <input type="checkbox"/> Delete | FIELD, JUANITA<br>4412 W CARMEN ST<br>TAMPA FL   | TITLE<br>NAME   | U00000266393 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>03/17/05-80028-020 150.00 |
| TITLE<br>NAME                               | SD <input type="checkbox"/> Delete<br>LEE, MALVINA<br>3419 REYNOLDSWOOD DR<br>TAMPA FL 33618 | TITLE<br>NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME                               | <input type="checkbox"/> Delete  | TITLE<br>NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME                               | <input type="checkbox"/> Delete  | TITLE<br>NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME                               | <input type="checkbox"/> Delete  | TITLE<br>NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME                               | <input type="checkbox"/> Delete  | TITLE<br>NAME   | <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)(f), 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: Juanita Feild - Juanita Feild 3/11/05 813-2548114