

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90067 043 \*\*\*150.00

**DOCUMENT # L31080**

1. Entity Name

COLOURS HAIR & NAILS, INC.



Principal Place of Business

3892 S. 3RD ST.  
JACKSONVILLE BEACH FL 32250

Mailing Address

3892 S. 3RD ST.  
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3892 S. 3rd St.

3. Mailing Address

3892 S. 3rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Bch. FL

City & State

Jacksonville Bch. FL

Zip

32250

Country

USA

Zip

32250

Country

USA

6. Name and Address of Current Registered Agent

PARKER, ERIKA L  
3892 S. 3RD ST.  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

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

*Erika L Parker owner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE: ST ☐ Delete  
NAME: PARKER, JAMES T.  
STREET ADDRESS: 4449 SEABREEZE DR  
CITY-ST-ZIP: JACKSONVILLE FL 32250

TITLE: P ☐ Delete  
NAME: PARKER, ERIKA L.  
STREET ADDRESS: 4449 SEABREEZE DR  
CITY-ST-ZIP: JACKSONVILLE FL

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:   
STREET ADDRESS:   
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 another like empowered.

SIGNATURE:

*Erika L Parker owner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 (904) 249-8060

Date

Daytime Phone #