


FILED
Jun 07, 2006 8:00 am
Secretary of State

100-100000

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		4. FEI Number 59-2982945	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name N/A			
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		DATE 6/5/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	ST PARKER, JAMES T. 4449 SEABREEZE DR JACKSONVILLE, FL 32250 <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	P PARKER, ERIKA L. 4449 SEABREEZE DR JACKSONVILLE, FL <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"/> 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"/> 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"/> Delete	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 exemptions contained in Chapter 119, 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: Erika L Parker		DATE 6/5/06 (904) 249-806	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

40094843
#L31080

To whom it may concern,
I did not get an invoice
this year. I believe this
is due in June. My Federal I.D.#
is 59-2982945.

Thank You,
Erika L Parker
