


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L70643**  
 1. Entry Name  
 ISELOTTE'S BEAUTY SALON, INC.



Principal Place of Business      Mailing Address  
 4255 C 73RD AVENUE NORTH      4255 C 73RD AVENUE NORTH  
 UNIT C      UNIT C  
 PINELLAS PARK, FL 33781 US      PINELLAS PARK, FL 33781 US



05102004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3006185      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 POULARD, ISELOTTE R.  
 4255 C 73RD AVENUE NORTH  
 PINELLAS PARK, FL 33780

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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 8, 2004**

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

00000160021  
 05/12/04-80007-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT POULARD, ANDRE L. 1014 WYNDHAM WAY SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS POULARD, ISELOTTE R. 1014 WYNDHAM WAY SAFETY HARBOR, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Andre L. Poulard*    ANDRE L. POULARD    5/1/04    (727)545-4235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #