

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L85552 1. Entity Name O'HAIR INTERNATIONAL, INC.	
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Principal Place of Business 4225 BEERIDGE RD SARASOTA, FL 34233 US	Mailing Address 4225 BEERIDGE RD SARASOTA, FL 34233 US
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03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0203840	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RICE, DAVID E. 4631 WATKINS AVENUE SARASOTA, FL 34233
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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 _____ Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when renewing)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000093355 03/22/04-80014-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICE, DAVID E. 4631 WATKINS AVENUE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCALLY, ROBERT G. 4631 WATKINS AVENUE SARASOTA, FL 34233
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Robert G. McCally, Treasurer</i>	Date: <i>3-19-04</i> Cayman Phone #: <i>941-372-1188</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	