

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90017 019 \*\*\*150.00

**DOCUMENT # M94409**

1. Entity Name

HEAD GEAR I, INC.



Principal Place of Business

372 N CROSSBEAM DR  
CASSELBERRY FL 32707  
US

Mailing Address

372 N CROSSBEAM DR  
CASSELBERRY FL 32707  
US

54022982



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2909895

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARO, ELISE  
372 NORTH CROSSBEAM DRIVE  
CASSELBERRY FL 32707

Name

ELISE S. SKARE

Street Address (P.O. Box Number is Not Acceptable)

520 Anchor Point

City

Delray Beach, FL

FL

Zip Code

33444

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

ELISE S SKARE

Elise S Skare

3-23-04

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete  
NAME SKARE, SCOTT  
STREET ADDRESS 372 N CROSSBEAM DRIVE  
CITY-ST-ZIP CASSELBERRY FL

TITLE ☒ Change ☐ Addition  
NAME 520 Anchor Point  
STREET ADDRESS Delray Beach, FL 33444  
CITY-ST-ZIP

TITLE SV ☐ Delete  
NAME SKARE, ELISE  
STREET ADDRESS 372 N CROSSBEAM DR  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☒ Change ☐ Addition  
NAME 520 Anchor Point  
STREET ADDRESS Delray Beach, FL 33444  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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 all other like empowered.

SIGNATURE:

Elise S Skare

3-23-04

561-266-9102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #