


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # M99006 1. Entity Name SHEAR FANTASY OF CITRUS COUNTY, LTD., INC.		
Principal Place of Business % RUTH E. SNYDER 1 CARL CT. BEVERLY HILLS, FL 34465 US	Mailing Address % RUTH E. SNYDER 2199 N INWOOD TERR CRYSTAL RIVER, FL 34428 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SNYDER, RUTH E 2199 N. INWOOD TERR. CRYSTAL RIVER, FL 34428		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SNYDER, RUTH E 2199 N. INWOOD TERR. CRYSTAL RIVER, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP TRUMBLE, ELIZABETH S 162 HARRISON DR DALEVILLE, AL 36322	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SNYDER, ROBERT L 12734 W CORNFLOWER DR CRYSTAL RIVER, FL 34428	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE 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: <u>Ruth E. Snyder</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>28 MARCH 05</u> <u>352-746-3311</u> <small>Date Daytime Phone #</small>



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2906777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000280099
03/30/05-80006-006 150.00

**DO NOT WRITE
IN THIS SPACE**

RUTH E. SNYDER