

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000008055 1. Entity Name <b>HAIR IN THE SPIRIT INC</b>	
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Principal Place of Business <b>269 S DIXIE HIGHWAY DEERFIELD, FL 33441</b>	Mailing Address <b>269 S DIXIE HIGHWAY DEERFIELD, FL 33441</b>
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04042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1126361</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FAYE BAILEY, WILMA  
124 CYPRESS CRESCENT  
ROYAL PALM BEACH, FL 33411**

**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: *Wilma Faye Bailey* (NOTE: Registered Agent signature required when reinstating) DATE: 4/13/05

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

U00000326513  
04/23/05-80058-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAILEY, SYLVESTER JR. 269 S DIXIE HIGHWAY DEERFIELD, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAILEY, SYLVESTER SR. 269 S DIXIE HIGHWAY DEERFIELD, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, MICHUN 14954 LADY VICTORIA BLVD. ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, SOLOMON 14954 LADY VICTORIA BLVD. ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BAILEY, WILMA FAYE 124 CYPRESS CRESCENT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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)(f), 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 617, 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: *Wilma Faye Bailey* *Wilma Faye Bailey* 4/13/05 9544261515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #