

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90049 040 ***150.00

DOCUMENT # P00000010529

1. Entity Name:

STUDIO 37 HAIR DESIGNERS, INC.



Principal Place of Business

3465 BONITA BEACH ROAD SW STE 7
BONITA SPRINGS FL 34134

Mailing Address

3465 BONITA BEACH ROAD SW STE 7
BONITA SPRINGS FL 34134

2. Principal Place of Business

19863 VINTAGE TRACE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

19863 VINTAGE TRACE CIRCLE
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

4. FEI Number

59-3626305

Applied For

Not Applicable

Zip

33912

Country

U.S.A

Zip

33912

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, CARL J
2201 SECOND STREET 5TH FLOOR
FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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

TITLE D ☐ Delete
NAME HARDY, HELEN
STREET ADDRESS 3465 BONITA BEACH ROAD SW STE 7
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ Delete
NAME MCSHANE, MAUREEN
STREET ADDRESS 3465 BONITA BEACH ROAD SW STE 7
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Helen Hardy HELEN HARDY

Date

2-14-04

Daytime Phone #

(239) 267-3711