


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90005 043 \*\*\*150.00

<b>DOCUMENT # P00000017316</b> 1. Entity Name <b>HAIR WRAPS OF KEY WEST, INC.</b>	
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Principal Place of Business <b>310 DUVAL STREET KEY WEST, FL 33040</b>	Mailing Address <b>114 ANGELA ST 715 CHAPMAN LANE KEY WEST, FL 33040 US</b>
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01202004 No Chg-P CR2E034 (10/03)

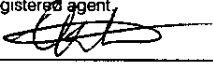
4. FEI Number <b>65-0984465</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**MEYERS, MARY BETH CPA  
WARD & MEYERS, L.L.C.  
3201 FLAGLER AVENUE, SUITE 506  
KEY WEST, FL 33040**

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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  DATE **2/24/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CLAPP, CHRISTINA <b>715 CHAPMAN LANE 114 ANGELA ST. KEY WEST, FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **2/24/04 (305) 296-6788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #