

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/31

FILED
Sep 30, 2004 8:00 am
Secretary of State

08-31-2004 90001 004 ***150.00

09-30-2004 90011 006 ***400.00

DOCUMENT # P00000029760

1. Entity Name

HAIR DEN STYLING SALON, INC.



Principal Place of Business

961 NORTH ORLANDO AVENUE
MAITLAND, FL 32751

Mailing Address

961 NORTH ORLANDO AVENUE
MAITLAND, FL 32751

54073605



08122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3630949

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

STACY, GERTRUDE
961 NORTH ORLANDO AVENUE
MAITLAND, FL 32751

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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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
STACY, GERTRUDE
961 NORTH ORLANDO AVENUE
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
STACY, BOBBY G
961 NORTH ORLANDO AVENUE
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gertrude Stacy
Aug 24, 2004 407-647-2132



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 2, 2004

HAIR DEN STYLING SALON, INC.
961 NORTH ORLANDO AVENUE
MAITLAND, FL 32751

Subject: HAIR DEN STYLING SALON, INC.

Reference Number: P00000029760

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION