

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90495 035 ***150.00
05-11-2004 90076 008 *****8.75

DOCUMENT # P00000046659 1. Entity Name BEA & TOOTSIE'S BEAUTY SALON, INC.					
Principal Place of Business 1109 E INVERNESS BLVD INVERNESS, FL 34452			Mailing Address 1109 E INVERNESS BLVD INVERNESS, FL 34452		
2. Principal Place of Business State, Apt. #, etc. City & State Zip Country		3. Mailing Address State, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3647854				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04082004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent KIM, CARMELITE 1109 E INVERNESS BLVD INVERNESS, FL 34452			7. Name and Address of New Registered Agent Name BESSIE EADS Street Address (P.O. Box Number is Not Acceptable) 1109 E. INVERNESS BLVD City INVERNESS FL Zip 34452		
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 <u>X</u> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, CARMELITE 1109 E INVERNESS BLVD INVERNESS, FL 34452 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EADS, BESSIE 1109 E INVERNESS BLVD INVERNESS, FL 34452 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>X</u> <i>Bea Eads</i> 5/7/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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