


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90050 004 ***150.00

DOCUMENT # P00000056780 1. Entity Name A NEW CREATION STYLED HAIR, INC.			
Principal Place of Business 927 TEAGUE TRAIL LADY LAKE, FL 32159		Mailing Address 927 TEAGUE TRAIL LADY LAKE, FL 32159	
2. Principal Place of Business 927 Teague trail Suite, Apt. #, etc.		3. Mailing Address 927 Teague trail Suite, Apt. #, etc.	
City & State Lady Lake FL Zip Country 32159 Lake		City & State Lady Lake FL Zip Country 32159 Lake	
4. FEI Number 59-3651957		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01132005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ALLEN, MARY M 365 ORCHID DRIVE FRUITLAND PARK, FL 34731		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: <u>Mary M Allen</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>1-23-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DPT ALLEN, MARY M 365 ORCHID DRIVE FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ALLEN, MARY M 365 ORCHID DRIVE FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Mary M Allen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>1-23-05</u> 352 7531224 <small>Daytime Phone</small>	