

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90001 033 ***150.00

DOCUMENT # P00000078101

1. Entity Name
A WILD HAIR SALON INC.



Principal Place of Business

~~1400-3 CASSAT AVE~~
JACKSONVILLE, FL 32205

Mailing Address

~~1400-3 CASSAT AVE~~
JACKSONVILLE, FL 32205

4854 Appleton Av.
JAC, FL 32210

54000368



01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3657519

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, CYNTHIA L
~~1400-3 CASSAT AVE~~
JACKSONVILLE, FL 32205

4854 Appleton Av.
JAC, FL 32210

**DO NOT WRITE
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 reinstating)

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OD
NAME	COOK, CYNTHIA L
STREET ADDRESS	1400-3 CASSAT AVE <i>4854 Appleton Av.</i>
CITY-ST-ZIP	JACKSONVILLE, FL 32205 <i>JAC, FL 32210</i>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
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:

Cynthia L. Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04
Date

904-389-7086
Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**