## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 24, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P0000007810 HAIR SALON INC.	1				ci cuii y	oi State
4854 APPLE	TON AVE	ailing Address 1854 APPLETON AVE ACKSONVILLE, FL 32210		) 7 Jung(2) Wi 172 A	TONI YYAN TYAN WYAN QUKU	OKUU UKKKU UUKKU UUKU	LICET ENGLISHE EN COUL
C	OO NOT WRITE II	N THIS SPA	CE	01122005 4. FEI Number 59-3657		CR2E034 (10/	Applied For Not Applicable Additional
6. Name and Address of Current Registered Agent  COOK, CYNTHIA L  4854 APPLETON AVE  JACKSONVILLE, FL 32210			DO NOT WRITE IN THIS SPACE				
8. The above the obligat SIGNATURE	named entity submits this statement for the pions of registered agent  Signature, typed or printed name of registered agent and tide	· was many as a second	ed office or register : d Agent signature required		n, in the State of Flor	ida. I am familiar	with, and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.				00 May Be ed to Fees	U00000 -01/25/05	:192558 :80021=025	150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT OD COOK, CYNTHIA L 4854 APPLETON AVE JACKSONVILLE, FL 32210	CTORS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		C. W. S. S. S.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				a company of the state of the s		2 <b>24</b> 13 <b>26</b> 27 27 27	
12. I hereby certify that the information supplied with this filling 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: Lynthia L. Cook 1-21-05  SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIFFECTOR Day  Date Day  Day  Day  Day  Day  Day  Day  Day							