## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jan 24, 2005 08:00 AM **DOCUMENT # P00000115669 Secretary of State** 1. Entity Name LOVES WIGS, INC. Principal Place of Business Mailing Address 1152 BROKEN ARROW DR. 1152 BROKEN ARROW DR. ORANGE PARK, FL 32065 ORANGE PARK, FL 32065 01112005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 56-3687235 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, RITA D 1152 BROKEN ARROW DR. ORANGE PARK, FL 32065 8. The above named entity submits this statement toythe 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 pegistered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE PD SMITH, RITA NAME STREET ADDRESS 1152 BROKEN ARROW DR CITY-ST-7IP ORANGE PARK, FL 32073 TITLE NAME STREET ADDRESS U00000190009 01/24/05-80117-016 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

**FILED**