


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-26-2004 90012 028 ***150.00

DOCUMENT # P01000014419 1. Entity Name THE CUTTING EDGE HAIR SALON, INC.			
Principal Place of Business 2274 STATE ROAD 580 SUITE F2 CLEARWATER, FL 33763		Mailing Address 2274 STATE ROAD 580 SUITE F2 CLEARWATER, FL 33763	
2. Principal Place of Business 1715 AZALEA CT Suite, Apt. #, etc. B		3. Mailing Address 1715 AZALEA CT Suite, Apt. #, etc. B	
City & State OLDSMAR, FL		City & State OLDSMAR, FL	
Zip 34677		Zip 34677	
Country 		Country 	
4. FEI Number 59-3695439		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERMAN, RANDY 2274 STATE ROAD 580 #F SUITE F2 CLEARWATER, FL 33763		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><i>Randy Herman</i></u> DATE <u>2/7/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	PD <input type="checkbox"/> Delete HERMAN, RANDY 2274 STATE ROAD 580 #F CLEARWATER, FL 33763 1715 AZALEA CT #B OLDSMAR, FL 34677	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><i>Randy Herman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>2/7/04</u> DAYTIME PHONE # <u>(727) 712-0810</u>	