

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000040160

1. Entity Name
TOP NOTCH HAIR DIMENSIONS OF PALM BEACH, INC.



Principal Place of Business
696 UDELL LANE
DELRAY BEACH, FL 33445

Mailing Address
696 UDELL LANE
DELRAY BEACH, FL 33445

FILED
Feb 25, 2004 08:00 AM
Secretary of State



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1097334

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRAY, ANGELETA E
696 UDELL LANE
DELRAY BEACH, FL 33445

**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

000000065384
02/25/04-80035-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D GRAY, ANGELETA E 696 UDELL LANE DELRAY BEACH, FL 33445
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IN THIS SPACE**

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: *Angeleta E Gray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04

Date

Daytime Phone #