


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000040525 1. Entity Name KWIK KUTS BARBERS, INC.	
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Principal Place of Business
6134 N.W. 11TH STREET
SUNRISE, FL 33313

Mailing Address
6134 N.W. 11TH STREET
SUNRISE, FL 33313



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1097293	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMPSON, MARK
6134 N.W. 11TH STREET
SUNRISE, FL 33313

**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

Mark Simpson

Mark Simpson

4-10-04

Signature, typed or printed name of registered agent, and file 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

U000000119987

04/19/04-80118-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIMPSON, MARK
STREET ADDRESS	6134 N.W. 11TH STREET
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Mark Simpson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-04 (454)
792-4248