

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053778

FILED
Apr 09, 2004
Secretary of State

Entity Name: ROYAL PALM HAIR STUDIO, INC.

Current Principal Place of Business:

981 N. COLLIER BLVD.
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

1225 SKYLINE DR.
NAPLES, FL 34114

New Mailing Address:

FEI Number: 59-3722856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, E R MR
1225 SKYLINE DR
NAPLES, FL 34114 82

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: NELSON, E. RAMON
Address: 1225 SKYLINE DR.
City-St-Zip: NAPLES, FL 34114

Title: SD () Delete
Name: NELSON, CATHERINE D
Address: 1225 SKYLINE DR.
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. RAMON NELSON

PTD

04/09/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date