


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000071215</b> 1. Entity Name <b>HEALTHY HAIR, INC.</b>	
---	---

Principal Place of Business <b>665 LIVE OAK AVE., STE. 1 HAINES CITY, FL 33844</b>	Mailing Address <b>665 LIVE OAK AVE., STE. 1 HAINES CITY, FL 33844</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3730996</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>REILLY, FRED ESQ 95 S. TENTH ST. HAINES CITY, FL 33844</b>
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUEBERT, CHRISTINA 665 LIVE OAK AVE., STE. 1 HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUEBERT, GERALD PO BOX 592 1415 WOOD AVE HAINES CITY, FL 33845
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	

U000000149156  
05/03/04-80176-018 150.00

**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:  <b>Christina Guebert</b> 4/29/04 863-422-2924	Date: _____ Daytime Phone # _____
--	--------------------------------------