2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000073565

1. Entity Name
HAIR 4 U ASSOCIATES, INC.

Principal Place of Business	Mailing Address
285 WEST BLUE SPRINGS AVENUE ORANGE CITY, FL 32763	285 WEST BLUE SPRINGS AVENUE ORANGE CITY, FL 32763

DO NOT WRITE IN THIS SPACE

04142004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
03-0463274	Not Applicable

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

6. Name and Address of Current Registered Agent

SHAW, IRENE
285 WEST BLUE SPRINGS AVE.
ORANGE CITY, FL 32763

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	U00000120706 04/20/04-80021-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SHAW, IRENE M
STREET ADDRESS	285 WEST BLUE SPRINGS AVENUE
CITY-ST-ZIP	ORANGE CITY, FL 32763

TITLE	
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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: _____   4-15-04   386-774-2663
    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #