

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90070 036 ***150.00

DOCUMENT # P01000079488

1. Entity Name

ALL IN THE FAMILY HAIR DESIGNERS, INC.



Principal Place of Business

10415 PALMGREN LANE
SPRING HILL FL 34608

Mailing Address

10415 PALMGREN LANE
SPRING HILL FL 34608

24021915

2. Principal Place of Business

11123 Heathrow Ave.
Suite, Apt. #, etc.

3. Mailing Address

11123 Heathrow Ave.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Spring Hill, FL

Zip

34609

Country

USA

City & State

Spring Hill, FL

Zip

34609

Country

USA

4. FEI Number

59-3737910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIEGLER, NANCY A
10415 PALMGREN LANE
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11123 Heathrow Ave

City

Spring Hill

FL

Zip Code

34609

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: *Nancy A Ziegler* NANCY A Ziegler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

2-14-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ZIEGLER, NANCY A
STREET ADDRESS 10415 PALMGREN LANE
CITY-ST-ZIP SPRING HILL FL 34608

TITLE D ☐ Delete
NAME ZIEGLER, RUDOLPH J
STREET ADDRESS 10415 PALMGREN LANE
CITY-ST-ZIP SPRING HILL FL 34608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Nancy A Ziegler* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-04

Date

352-686-5225

Daytime Phone #