


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000082500
1. Entity Name
EASY WAVES STYLING SALON INC



Principal Place of Business: 5173 SOUTH WASHINGTON AVE, TITUSVILLE, FL 32780
Mailing Address: 5173 SOUTH WASHINGTON AVE, TITUSVILLE, FL 32780

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3739328
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBERTS, MICHELLE E
6332 BAMBOO AVE
COCOA, FL 32927

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBERTS, MICHELLE E
STREET ADDRESS	6332 BAMBOO AVE
CITY-ST-ZIP	COCOA, FL 32927
TITLE	D
NAME	ROBERTS, CHARLES A
STREET ADDRESS	6332 BAMBOO AVE
CITY-ST-ZIP	COCOA, FL 32927
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

12724705-80001-021 150.00
00000195522
01/26/05-80033-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michelle Roberts President 1-19-05
Date Daytime Phone #
Michelle Roberts