

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000103918

1. Entity Name

EXPRESSIONS HAIR & NAIL SALON, INC.



Principal Place of Business

108 MCKEY ST.
OCOE, FL 34761

Mailing Address

108 MCKEY ST.
OCOE, FL 34761

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3753366

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EDEN, JENNIFER S
390 NORTH ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801

**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**

U000000032825
02/05/04-80019-002 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME RACHAL, BARBARA
STREET ADDRESS 108 MCKEY ST.
CITY-ST-ZIP OCOEE, FL 34761

TITLE D
NAME JEFFRIES, KIMBERLY
STREET ADDRESS 108 MCKEY ST.
CITY-ST-ZIP OCOEE, FL 34761

TITLE D
NAME HOWARD, GLENDA
STREET ADDRESS 108 MCKEY ST.
CITY-ST-ZIP OCOEE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

Glenda Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-04

Date

407-877-6797

Daytime Phone #