

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 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



01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RACHAL, BARBARA
STREET ADDRESS	108 MCKEY ST.
CITY-ST-ZIP	OCOE, FL 34761
TITLE	D
NAME	JEFFRIES, KIMBERLY
STREET ADDRESS	108 MCKEY ST.
CITY-ST-ZIP	OCOE, FL 34761
TITLE	D
NAME	HOWARD, GLENDA
STREET ADDRESS	108 MCKEY ST.
CITY-ST-ZIP	OCOE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000236863  
02/21/05-80034-025 150.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Glenda Howard  
TREASURER

2-15-05

407-8776797