## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

7111107121112			Secretary of State		
DOCUMENT # P0200001721  1. Entity Name CHAS, & CO. HAIR STUDIO, INC.	2		The state of the s		
Principal Place of Business M	ailing Address		]		
11 VINE AVENUE 11 VINE AVENUE FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 3254		548			
	Manager to the desired				
DO NOT WOITE II	u Tuic coa	¢E	04092004	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		UE.	4. FEI Number 27-000119	92	Applied For Not Applicab
			5. Certificate of St	tatus Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Regis	tered Agent	·			
CLANCY, SHERI A 11 VINE AVENUE FORT WALTON BEACH, FL 32548		DO NOT WRITE IN THIS SPACE			
The above named entity submits this statement for the paths obligations of registered agent.	ourpose of changing its register	ed office or register	red agent, or both, in	the State of Florida	t, I am familiar with, and accep
SIGNATURE	if applicable. (NOTE Registere	d Agent signature required	:- d when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	<ol> <li>Election Campalgn Finar Trust Fund Contribution.</li> </ol>		.00 May Be led to Fees	U000001 14/19/04-8	18248 3052-017 150.00
10. OFFICERS AND DIREC	CTÓRS				
TITLE D		1			

## NAME CLANCY, SHERI A STREET ADDRESS 11 VINE AVENUE FORT WALTON BEACH, FL 32548 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of 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

4/11

8508633099

Daytime Ph