2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

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Entity Name: THE HAIR GALLERY OF JACKSONVILLE, INC.

Current Principal Place of Business:

13799-8C BEACH BOULEVARD
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4309 PABLO OAKS COURT
SUITE FIVE
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 02-0593327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEASLER, FRANK R JR.
HENDERSON LAW FIRM, P.A.
4309 PABLO OAKS COURT - SUITE FIVE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

MAXWELL, DOUGLAS R
4309 PABLO OAKS COURT - SUITE FIVE
JACKSONVILLE, FL 32224 US

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.

SIGNATURE: DOUGLAS R. MAXWELL 05/02/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOX, LONNI
Address: 13799-008C BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD ( ) Delete
Name: HEISSLER, MARY
Address: 13799-008C BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD (X) Delete
Name: WADE, KEVAN
Address: 13799-008C BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD (X) Delete
Name: NORTON-JEFFERSON, JUNE
Address: 13799-008C BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HEISSLER, MARY
Address: 13799-008C BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32224

Title: STD (X) Change ( ) Addition
Name: NORTON-JEFFERSON, JUNE
Address: 13799-008C BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HEISSLER P 05/02/2005
Electronic Signature of Signing Officer or Director Date