

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000070551

1. Entity Name
ANNA'S BEAUTY SALON, INC.

Principal Place of Business
**1819 ALPINE COMMERCIAL CENTER
NAVARRE, FL 32566**

Mailing Address
**1882 JAMAICA STREET
NAVARRE, FL 32566**



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number
05-0522845

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LYNCHARD, R. LANE
1807 ALHAMBRA STREET
NAVARRE, FL 32566**

**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**

**U00000058203
02/20/04-80019-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIS, FAEGIN A
STREET ADDRESS	1882 JAMAICA STREET
CITY - ST - ZIP	NAVARRE, FL 32566
TITLE	D
NAME	WILLIS, MARCIANA V
STREET ADDRESS	1882 JAMAICA STREET
CITY - ST - ZIP	NAVARRE, FL 32566
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**

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: FAEGIN A. WILLIS *FAEGIN A. WILLIS* **PRESIDENT 2-16-04 850 259 6935**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #