2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000080834

1. Entity Name
CLARK'S HAIR JUNGLE, INC.

Principal Place of Business	Mailing Address
3830 S. NOVA RD, CT 5-6 COUNTRYSIDE MALL PORT ORANGE, FL 32127	3830 S. NOVA RD, CT 5-6 COUNTRYSIDE MALL PORT ORANGE, FL 32127

01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
05-0523274
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, DONALD R
3830 S. NOVA RD, CT 5-6
COUNTRYSIDE MALL
PORT ORANGE, FL 32127

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 Donald Ray Clark 1-28-04
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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CLARK, DONALD R
STREET ADDRESS	1017 W. SAMMS AVENUE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	GRAVER, DEBORAH P
STREET ADDRESS	3753 WHITE PINE LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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02/04/04-80086-002 150.00

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: Donald Ray Clark 1-28-04 (386) 761-3509
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #