

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91006 025 \*\*\*150.00

**DOCUMENT # P02000095704**

1. Entity Name  
**MICHAEL'S BARBER STYLING, INC.**



Principal Place of Business  
**2174 HARRIS AVE NE #2  
PALM BAY, FL 32905**

Mailing Address  
**2174 HARRIS AVE NE #2  
PALM BAY, FL 32905**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

56-2291116

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KUATIS, HANES R  
2174 HARRIS AVE. N.E. #2  
PALM BAY, FL 32905**

7. Name and Address of New Registered Agent

Name

**James R. Liatos**

Street Address (P.O. Box Number is Not Acceptable)

**2174 Harris Ave NE #2**

City

**Palm Bay**

FL

Zip Code

**32905**

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

*James R. Liatos*

Signature, typed or printed name of registered agent and title if applicable.

**James R. Liatos, Reg. Agent**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/15/04**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
LIATOS, JAMES R  
2174 HARRIS AVE. N.E. #2  
PALM BAY, FL 32905** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
LIATOS, KATHLEEN  
2174 HARRIS AVE. N.E. #2  
PALM BAY, FL 32905** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Change ☐ Addition

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:

*James R. Liatos*  
**James R. Liatos, Pres**

Date

**3/15/04**

Daytime Phone #

**(321) 724-4557**