2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000102538

1. Entity Name
BEAUTY PAZAZZ, INC.

FILED
Mar 11, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
3597 N LECANTO HWY. BEVERLY HILLS, FL 34465 US	3597 N LECANTO HWY. BEVERLY HILLS, FL 34465 US

02222004 No Chg-P CR2E034 (10/03)

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4. FEI Number
71-0906746
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROSSLEY, JUDY M
3064 E JOSEPH LN.
INVERNESS, FL 34453

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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

10. OFFICERS AND DIRECTORS

TITLE	P,S
NAME	CROSSLEY, JUDY M
STREET ADDRESS	3064 E JOSEPH LN
CITY ST ZIP	INVERNESS, FL 34453
TITLE	VP,T
NAME	MCERLEAN, GRACE
STREET ADDRESS	6094 W KAMPALA LN
CITY ST ZIP	DUNNELLON, FL 34433
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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03/11/04-80027-022 150.00

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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: Judy M Crossley 3/4/4 352-746-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #