

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90038 028 ***150.00

DOCUMENT # P02000118082

1. Entity Name

C.J.R. HAIR, INC.



Principal Place of Business

3328 HENDERSON BLVD
TAMPA FL 33609

Mailing Address

3328 HENDERSON BLVD
TAMPA FL 33609

2. Principal Place of Business

3647 S. Manhattan Ave.
Suite Apt. #, etc.

3. Mailing Address

3647 S. Manhattan Ave.
Suite Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33629

Country

U.S.

Zip

33629

Country

U.S.

4. FEI Number

16-1634088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRELJE, LORI
3328 HENDERSON BLVD
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Lori Brelje

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

3647 S. Manhattan Ave.

City

Tampa

FL

Zip Code

33629

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

Lori A. Brelje (president)

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

(NOTE: Registered Agent signature required when reinstating)

2/8/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BRELJE, LORI
STREET ADDRESS 3328 HENDERSON BLVD
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Lori Brelje
STREET ADDRESS 3647 S. Manhattan Ave.
CITY-ST-ZIP Tampa, FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 a address, with all other like empowered.

SIGNATURE:

Lori A. Brelje (president)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05 813-453-4173

Date

Daytime Phone #