


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90295 018 ***150.00

DOCUMENT # P02000123610			
1. Entity Name MARVIN HAIR, INC.			
Principal Place of Business 7637 HOLLYRIDGE DRIVE NEW PORT RICHEY, FL 34653 US		Mailing Address 7637 HOLLYRIDGE DRIVE NEW PORT RICHEY, FL 34653 US	
2. Principal Place of Business 10654 Holgate Street Suite, Apt. #, etc.		3. Mailing Address 10654 Holgate Street Suite, Apt. #, etc.	
City & State New Port Richey, FL		City & State New Port Richey, FL	
Zip 34654	Country USA	Zip 34654	Country USA
4. FEI Number 59-3745866-27-0036878		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COONS, CATHIE 10537 FRIERSON LAKE DRIVE HUDSON, FL 34669		7. Name and Address of New Registered Agent Name Marvin Hair Street Address (P.O. Box Number is Not Acceptable) 10654 Holgate Street City New Port Richey, FL FL Zip Code 34654	
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: <i>Marvin Hair</i>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P.V.P. HAIR, MARVIN 7637 HOLLYRIDGE DRIVE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10654 Holgate Street New Port Richey, FL 34654
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S COONS, CATHIE 10537 FRIERSON LAKE DRIVE HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <i>Marvin Hair</i> President		Date: 4-12-05	