

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90092 016 ***150.00

DOCUMENT # P03000004907

1. Entity Name
HOLLY'S HAIR EXCHANGE, INC.



Principal Place of Business
**10005 W. HILLSBOROUGH AVENUE
TAMPA, FL 33615**

Mailing Address
**10005 W. HILLSBOROUGH AVENUE
TAMPA, FL 33615**

50021985



2. Principal Place of Business
10007 W HILLSBOROUGH AVE
Suite, Apt. #, etc.

3. Mailing Address
10007 W HILLSBOROUGH AVE
Suite, Apt. #, etc.

02232005 Chg-P CR2E034 (10/03)

City & State
TAMPA FLORIDA
Zip
33615 Country
U.S.A.

City & State
TAM, FLORIDA
Zip
33615 Country
U.S.A.

4. FEI Number
65-1169365 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BURDEN, BRIAN A ESQ.
BRIAN A. BURDEN, P.A.
120 S. WILLOW AVENUE
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2005 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	PSD MA, UNG 10005 W. HILLSBOROUGH AVENUE TAMPA, FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TRAN, TRAN TO 10005 W. HILLSBOROUGH AVENUE TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MA, UNG PVSDT 11007 W HILLSBOROUGH AVE TAMPA FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05
Date

Daytime Phone #