

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-11-2005 90056 024 ***150.00

66006271



1st MOORE CR2E034 (10/04)

DOCUMENT # P03000024792 1. Entity Name SCISSORS OF DUNNELLON, INC.							
Principal Place of Business 19140 E PENNSYLVANIA AVE DUNNELLON FL 34432			Mailing Address 19140 E PENNSYLVANIA AVE DUNNELLON FL 34432				
2. Principal Place of Business Suite, Apt. #, etc. #1		3. Mailing Address Suite, Apt. #, etc. #1		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">66006271</div> <p>1st MOORE CR2E034 (10/04)</p>			
City & State 		City & State 					
Zip 		Zip 					
Country 		Country 					
4. FEI Number 061683133				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">66006271</div> <p>1st MOORE CR2E034 (10/04)</p>			
6. Name and Address of Current Registered Agent AVONELLE R. MACKERELL, P.A. 20743 W PENNSYLVANIA AVE DUNNELLON FL 34431						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>						DATE _____	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">66006271</div> <p>1st MOORE CR2E034 (10/04)</p>	
<div style="border: 1px solid black; padding: 2px; font-size: 10px; font-weight: bold;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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.				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">66006271</div> <p>1st MOORE CR2E034 (10/04)</p>			
SIGNATURE: <u>Catherine L. Bearbower</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date: <u>2-7-05</u> Daytime Phone # _____							
Catherine L. Bearbower							