


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90326 016 \*\*\*150.00

<b>DOCUMENT # P03000027110</b> 1. Entity Name <b>JILOCS HAIR DESIGN, INC.</b>			
Principal Place of Business <b>6744 GADWALL LANE ORLANDO, FL 32810</b>		Mailing Address <b>6744 GADWALL LANE ORLANDO, FL 32810</b>	
2. Principal Place of Business <del>6744 GADWALL LANE</del> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <del>Orlando, FL</del>		City & State <del>Orlando, FL</del>	
Zip <del>32810</del>		Country <del>USA</del>	
4. FEI Number <b>03-0534820</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PRINCE, JILLIAN 6744 GADWALL LANE ORLANDO, FL 32810</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>President/CEO</b> <input type="checkbox"/> Delete NAME <b>Jillian Prince</b> STREET ADDRESS <b>6744 GADWALL LN</b> CITY-ST-ZIP <b>Orlando FL 32810</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.			
SIGNATURE: <b>X</b> <u>Jillian Prince</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>X</b> <u>4/14/04</u> <small>Date</small>	

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