


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000031333 1. Entity Name PRESIDENT'S BEAUTY SALON INC.						FILED 4 JAN 14 PM 2:525 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 3136 MCCORD BLVD TALLAHASSEE, FL 32303				Mailing Address 3136 MCCORD BLVD TALLAHASSEE, FL 32303			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				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 PRESIDENT, RILANDER 3136 MCCORD BLVD TALLAHASSEE, FL 32303				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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-ST-ZIP P PRESIDENT, RILANDER 3136 MCCORD BLVD TALLAHASSEE, FL 32303				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 800027769148 01/29/04--01025--007 **150.00 </div>			
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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 all other like empowered.							
SIGNATURE: <i>Rilander P. Hines</i> 1/14/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							