2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047486

Entity Name: SAFARI'S FULL SERVICE SALON INC.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
2636 WEST STATE ROAD) 434			
SUITE104 LONGWOOD, FL 32779	US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
2636 WEST STATE ROAD 434				
SUITE104 LONGWOOD, FL 32779	US			
FEI Number: 59-3067182	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of I	Name and Address of New Registered Agent:	
PARK, CAROLINE B 2636 WEST STATE RD 434 SUITE 104 LONGWOOD, FL 32779 US		DUIGNAN, TREVOR 455 DOUGLAS AVE STE 2155-32 ALTAMONTE SPRINGS	, FL 32714 US	
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.				
SIGNATURE: TREVOR	DUIGNAN		04/27/2004	
Electronic	Signature of Registered Agen	t	Date	
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P ()	Delete	Title: () Change () Addition	

Title: P () Delete Title: () Change () Addition Name: MOONEY, STEPHEN R Name:

 Address:
 2636 WEST STATE RD. 434 SUITE 104
 Address:

 City-St-Zip:
 LONGWOOD, FL 32779 US
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 PARK, CAROLINE B
 Name:

 Address:
 2636 WEST STATE RD. 434 SUITE 104
 Address:

 City-St-Zip:
 LONGWOOD, FL 32779 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN MOONEY P 04/27/2004