2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000058316

1. Entity Name

GWEN'S BEAUTY HAVEN OF CENTRAL FLORIDA, INC.



FILED May 02, 2005 08:00 AM Secretary of State

Principal Place of Business 215 E. MICHIGAN STREET ORLANDO, FL 32806 Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

215 E. MICHIGAN STREET ORLANDO, FL 32806



DO NOT WRITE IN THIS SPACE

04102005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3689790 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

407-541-6036

6. Name and Address of Current Registered Agent

LINTON, GLENDOLYN 1890 ASTER DRIVE WINTER PARK, FL 32792

SIGNATURE:

DO NOT WRITE IN THIS SPACE

*					
8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registers	ed office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
,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 \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	1		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PD LINTON, GLENDOLYN 1890 ASTER DRIVE WINTER PARK, FL 32792				U00000357117
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/04/05-80060-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
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 employered 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.					