

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90038 026 ***150.00

DOCUMENT # P03000069195

1. Entity Name
THIS & THAT HAIR CREATIONS, INC.



Principal Place of Business Mailing Address
 1622 MORNINGSIDE AVE 1622 MORNINGSIDE AVE
 MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068

54015625



2. Principal Place of Business 3. Mailing Address
634 KINGSLEY AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02132004 Chg-P CR2E034 (10/03)

City & State City & State
ORANGE PARK, FL
 Zip Country Zip Country
32073 US

4. FEI Number Applied For
83-0362700 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROMANELLO, DUANE C
 1919-8 BLANDING BLVD.
 JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent
 Name: **TERESA MILLER**
 Street Address (P.O. Box Number is Not Acceptable):
1512 MALLORY ST
 City: **JACKSONVILLE** FL Zip Code: **32205**

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: *Teresa Miller* DATE: **2/29/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THIS, JAMES D 634 KINGSLEY AVE ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1622 MORNINGSIDE DR MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Date: **3-2-04**
Signature and typed or printed name of signing officer or director