

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-08-2004 90038 026 ***150.00

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02132004 Chg-P CR2E034 (10/03)

4. FEI Number **83-0362700** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P03000069195

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

Principal Place of Business
**1622 MORNINGSID AVE
MIDDLEBURG, FL 32068**

Mailing Address
**1622 MORNINGSID AVE
MIDDLEBURG, FL 32068**

2. Principal Place of Business
634 KINGSLEY AVE

3. Mailing Address
Suite, Apt. #, etc.

City & State
ORANGE PARK, FL

City & State
City & State

Zip
32073

Country
US

Zip
Zip

Country
Country

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1622 MORNINGSID DR MIDDLEBURG, FL 32068 <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 all other like empowered.

SIGNATURE *[Signature]* Date *3-2-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR