2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State
05-14-2004 90012 037 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000077718

1. Entity Name
CHARLENE'S HAIR QUARTERS, INC.

Principal Place of Business	Mailing Address
~~4107 59TH PLACE EAST~~ ~~BRADENTON FL 34203~~	~~4107 59TH PLACE EAST~~ ~~BRADENTON FL 34203~~

2. Principal Place of Business	3. Mailing Address
306 53rd Ave W	306 53rd Ave W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton FL	City & State: Bradenton FL
Zip: 34207 Country: USA	Zip: 34207 Country: USA

4. FEI Number: 56-2378166 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VOIGT, STEPHEN F SR.
2042 BEE RIDGE RD.
SARASOTA FL 34239

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 ______________________
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PVST CICHOWSKI, CHARLENE ~~4107 59TH PLACE EAST~~ 306 53rd Ave W BRADENTON FL ~~34203~~ 34207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X Charlene Cichowski Charlene Cichowski X 4-28-04 (941-755-2002)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 06/26/20

[redacted]

#P0300077718

To whom it may concern-

Enclosed is the original envelope I sent with my payment - it got sent back to me for some reason - please take this into consideration why my payment is late. Please don't charge me late fee because of this error. I'm a new business and I don't make late payments.

Thank you very much

Charlene Richards

Charlene's Hair Quarters, Inc.
306 53rd Ave W.
Bradenton, FL 34207

941-755-2002