

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90004 017 ***150.00

DOCUMENT # P03000087309	
1. Entity Name B & T HAIRSTYLING, INC.	



Principal Place of Business 562 BALCOM TERRACE SE PALM BAY, FL 32909	Mailing Address 562 BALCOM TERRACE SE PALM BAY, FL 32909
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54021484



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02102004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0141885	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREENE, BRYAN R SR 562 BALCOM TERRACE SE PALM BAY, FL 32909		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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, BRYAN R SR	NAME	Greene, Bryan R. Sr.
STREET ADDRESS	562 BALCOM TERRACE SE	STREET ADDRESS	562 Balcom Terrace SE
CITY-ST-ZIP	PALM BAY, FL 32909	CITY-ST-ZIP	Palm Bay FL 32909
TITLE	<input type="checkbox"/> Delete	TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Greene, Tina M.
STREET ADDRESS		STREET ADDRESS	562 Balcom Terrace SE
CITY-ST-ZIP		CITY-ST-ZIP	Palm Bay FL 32909
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Bryan Greene Sr.</i>	Bryan Greene Sr. Pres.	Date: 2/10/04	Daytime Phone #: 953-8318
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