



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90255 026 \*\*\*150.00

<b>DOCUMENT # P03000093206</b> 1. Entity Name <b>JEAN'S BARBER SHOP, INC.</b>																	
Principal Place of Business <b>1378 45TH ST. ORLANDO, FL 32839</b>			Mailing Address <b>1378 45TH ST. ORLANDO, FL 32839</b>														
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  04162004    Chg-P    CR2E034 (10/03)													
City & State		City & State															
Zip	Country	Zip	Country														
4. FEI Number <b>481306294</b>		Applied For <input type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>FRANCOIS, JAMES 5024 MILLENIA BLVD. #203 ORLANDO, FL 32839</b>													
7. Name and Address of New Registered Agent Name <b>Jean Robert Francois</b>																	
Street Address (P.O. Box Number is Not Acceptable) <b>5024 MILLENIA BLVD</b>																	
Apt <b>203</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32839</b>																	
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 <b>Jean R Francois</b> DATE <b>04-16-04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">S</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DALMONT, BERNARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1741 GRANDE POINTE BLVD. #19108</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32839</td> <td></td> </tr> </table>		TITLE	S	<input type="checkbox"/> Delete	NAME	DALMONT, BERNARD		STREET ADDRESS	1741 GRANDE POINTE BLVD. #19108		CITY-ST-ZIP	ORLANDO, FL 32839	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP				
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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: <b>Jean R Francois</b> DATE <b>04-16-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>													
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