

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90005 013 ***550.00

DOCUMENT # P03000107005

1. Entity Name

PROFESSIONAL HAIR DESIGNERS, INC.



Principal Place of Business

4150 HANCOCK BVRIDGE PKWY
SUITE 19
NORTH FORT MYERS FL

Mailing Address

4150 HANCOCK BVRIDGE PKWY
SUITE 19
NORTH FORT MYERS FL

2. Principal Place of Business

4150 HANCOCK BRIDGE PKWY

Suite, Apt. #, etc.

SUITE 19

3. Mailing Address

4150 HANCOCK BRIDGE PKWY

Suite, Apt. #, etc.

SUITE 19

City & State

NORTH FT MYERS, FL

City & State

NORTH FT. MYERS, FL.

Zip

33903

Country

U.S.A

Zip

33903

Country

U.S.A.



MOORE

CR2E034 (4/04)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOYD, YONG HUI
4150 HANCOCK BVRIDGE PKWY
SUITE 19
NORTH FORT MYERS FL

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

Yong Hui Floyd

YONG HUI FLOYD P.O.

8/22/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FLOYD, YONG HUI
STREET ADDRESS 4150 HANCOCK BVRIDGE PKWY SUITE 19
CITY-ST-ZIP NORTH FORT MYERS FL

TITLE VD ☐ Delete
NAME FLOYD, WILLIAM B III
STREET ADDRESS 4150 HANCOCK BVRIDGE PKWY SUITE 19
CITY-ST-ZIP NORTH FORT MYERS FL

TITLE VD ☐ Delete
NAME FLOYD, CHRISTOPHER L
STREET ADDRESS 4150 HANCOCK BVRIDGE PKWY SUITE 19
CITY-ST-ZIP NORTH FORT MYERS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition
NAME FLOYD, YONG HUI
STREET ADDRESS 4150 HANCOCK BRIDGE PKWY SUITE 19
CITY-ST-ZIP N. FT. MYERS, FL 33903

TITLE VD ☐ Change ☐ Addition
NAME FLOYD, WILLIAM B III
STREET ADDRESS 4150 HANCOCK BRIDGE PKWY SUITE 19
CITY-ST-ZIP N. FT. MYERS, FL 33903

TITLE VD ☐ Change ☐ Addition
NAME FLOYD, CHRISTOPHER L.
STREET ADDRESS 4150 HANCOCK BRIDGE PKWY SUITE 19
CITY-ST-ZIP N. FT. MYERS, FL 33903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William B Floyd III

WILLIAM B. FLOYD III

V.D.

8/22/04

239-656-4144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #