2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000108313

1. Entity Name
HAIR D'ZIGNS INC.

Principal Place of Business	Mailing Address
1580 WELLS ROAD	1580 WELLS ROAD
12	12
ORANGE PARK, FL 32073	ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

01282005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
27-0069105		Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, CLAUDE D
1580 WELLS ROAD
12
ORANGE PARK, FL 32073

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, MARCY A
STREET ADDRESS	1580 WELLS ROAD SUITE 12
CITY-ST-ZIP	ORANGE PARK, FL 32073

TITLE	VP
NAME	JONES, CLAUDE D
STREET ADDRESS	1580 WELLS ROAD SUITE 12
CITY-ST-ZIP	ORANGE PARK, FL 32073

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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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: X _____   X 4-13-05   X 908-9239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #