

2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 28, 2005 8:00 am **Secretary of State** 01-28-2005 90035 018 ***150.00 **DOCUMENT # P03000134302** COUNTRY HAIR JAMBOREE, INC. Principal Place of Business Mailing Address 2505 E ORANGE AVE 2505 E ORANGE AVE 50007977 EUSTIS, FL 32726 EUSTIS, FL 32726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0423788 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRENFIELD, GEORGE S Street Address (P.O. Box Number is Not Acceptable) 2505 E ORANGE AVE. **EUSTIS, FL 32726** Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Deleta TITLE TITLE ☐ Change ■ Addition NAME TRENFIELD, DENISE D NAME STREET ADDRESS 2505 E ORANGE AVE STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP ☐ Addition D 7 ☐ Change TILE ☐ Delete ΠΠF TRÉNFIELD, GEORGE S NAME NAME STREET ADDRESS 2505 E ORANGE AVE STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP TITLE ☐ Delete ΠLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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

SIGNATURE Daytime Phone #