

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90180 048 ***150.00

DOCUMENT # P03000141576 1. Entity Name HAIR FETISH, INC.					
Principal Place of Business 11645 BEACH BLVD., STE. 102 JACKSONVILLE, FL 32246			Mailing Address 11645 BEACH BLVD., STE. 102 JACKSONVILLE, FL 32246		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 42-1613748	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WILSON, LADONNA 3544 AVALON COVE DR. E. JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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)		
DATE			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LASS, BYRON R 1417 MENNA STREET JACKSONVILLE, FL 32205	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, LADONNA 3544 AVALON COVE DR. E. JACKSONVILLE, FL 32224	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: <i>W. Wilson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-1-05 904 646 5808 Date Daytime Phone #		

30022253



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