2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P04000021779 1. Entity Name 04-18-2005 90268 023 ***150.00 J & R BEAUTY SUPPLY, INC. Principal Place of Business Mailing Address 1326A WEST 15TH STREET 1326A WEST 15TH STREET PANAMA CITY FL 32401-2000 PANAMA CITY FL 32401-2000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-0706024 Not Applicable Zip Country Zip 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 BONONO, JOSEPH J JR. Street Address (P.O. Box Number is Not Adceptable) 1326A WEST 15TH STREET PANAMA CITY FL 32401-2000 City Zip Code gistered office or 8. The above named entity submits this statement for the purp changing its stered 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 a FILE NOW!!! FEE IS \$150.00 ction Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 rust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ■ Addition ☐ Delete BONONO, JOSEPH J-JR. 🐬 NAME NAME STREET ADDRESS 1326A WEST 15TH STREET: STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401-2000 CITY-ST-ZIP THILE ☐ Detete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition MARAF STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP THE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #