2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082243

Entity Name: SOUTHWEST FLORIDA HAIRCARE, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
3716 S.W. 3RD STREET CAPE CORAL, FL 33991				6900-5 DANIELS PKWY FORT MYERS, FL 33912				
Current Mailing Address:				New Mailing Address:				
3716 S.W. 3RD STREET CAPE CORAL, FL 33991				P.O. BOX 100388 CAPE CORAL, FL 33910				
FEI Number:	55-0868829	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Status D	esired ()	
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of N	ew Registered Age	ent:	
	, JOHN M 3RD STREET RAL, FL 33991	US						
The above in the State	named entity su of Florida.	ubmits this statement for the pu	rpose of	f changing it	s registered of	fice or registered ag	gent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().					Date			
	AND DIRECT	, ,		ADDITION	SICHANGES :	TO OFFICERS ANI	DIRECTORS.	
							DIRECTORS.	
Title: Name: Address: City-St-Zip:	PD () E MCCOY, YOUNG 3716 S.W. 3RD S CAPE CORAL, F	STREET		Title: Name: Address: City-St-Zip:	PD (X) MCCOY, YOUNG 6637 PLANTATION FORT MYERS, F	ON PRESERVE		
Title: Name: Address: City-St-Zip:	PD ()[MCCOY, WILLIA 3716 S.W. 3RD S CAPE CORAL, F	STREET		Title: Name: Address: City-St-Zip:	PD (X) MCCOY, WILLIA 6637 PLANTATIO CAPE CORAL, F	ON PRESERVE		
Title: Name: Address: City-St-Zip:	DVP () E MASTROPOLE, I 3716 S.W. 3RD S CAPE CORAL, F	STREET		Title: Name: Address: City-St-Zip:	DVP (X) MASTROPOLE, 3506 S.W. 3RD CAPE CORAL, F	STREET		
Title: Name: Address: City-St-Zip:	DVP () E MASTROPOLE, A 3716 S.W. 3RD S CAPE CORAL, F	STREET		Title: Name: Address: City-St-Zip:	DVP (X) MASTROPOLE, 3506 S.W. 3RD CAPE CORAL, F	STREET		
Title: Name: Address: City-St-Zip:	DST () I AMBROSE, MAU 3716 S.W. 3RD S CAPE CORAL, F	STREET		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	DST ()E AMBROSE, JOHI 3716 S.W. 3RD S CAPE CORAL, F	STREET		Title: Name: Address: City-St-Zip:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN AMBROSE DST 04/27/2005