

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90108 008 ***150.00

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1. Entity Name

SQUARE ONE HAIR DESIGN & DAY SPA, INC.



Principal Place of Business

868 106TH AVENUE NORTH
NAPLES FL 34108

Mailing Address

868 106TH AVENUE NORTH
NAPLES FL 34108

2. Principal Place of Business

Square One Hair Design + Day Spa
Suite, Apt. #, etc.
136

3. Mailing Address

1400 Gulfshore Blvd N.
Suite, Apt. #, etc.
136

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

20-1291068

Applied For

Not Applicable

Zip

34102

Country

Collier

Zip

34102

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WANDERON, THOMAS
868 106TH AVENUE NORTH
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME CAFFEY, DELIA M
STREET ADDRESS 330 EMERALD BAY CIRCLE, #Y4
CITY-ST-ZIP NAPLES FL 34110

TITLE DVPS ☐ Delete
NAME RYDER, PATRICIA A
STREET ADDRESS 1331 FIRST ST. N. #1003
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

Delia M. Caffey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05

Date

239-4351772

Daytime Phone #