

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

47. **FILED**
May 27, 2005 8:00 am
Secretary of State

04-27-2005 90317 041 ***150.00

| | | | | | |
|--|---|---------|---|---|--|
| DOCUMENT # P04000126640 1. Entity Name APOLLO HAIR SYSTEMS OF CENTRAL FLORIDA, INC. | | | | | |
| Principal Place of Business 4250 S FLORIDA AVE STE 4 LAKELAND, FL 33813 | | | Mailing Address 4250 S FLORIDA AVE STE 4 LAKELAND, FL 33813 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 04192005 Chg-P CR2E034 (10/03) | |
| 4. FBI Number 050608484 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RUFFNER, DIANA O 4250 S FLORIDA AVE STE 4 LAKELAND, FL 33813 | | | | 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. | | | | FL Zip Code | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| D <input type="checkbox"/> Delete RUFFNER, DIANA O 4250 S FLORIDA AVE STE 4 LAKELAND, FL 33813 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Diana O Ruffner 4/20/05 863 6467900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Devere Phone #</small> | | | | | |

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