


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000011499</b> 1. Entity Name SUPA VALU HAIR CARE CENTERS, INC.	
---	---

Principal Place of Business 6019 26TH ST W BRADENTON, FL 34207	Mailing Address 6019 26TH ST W BRADENTON, FL 34207
--	--



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0378312	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  FULKS TAX ACCOUNTY, INC 5823 28TH ST W BRADENTON, FL 34207
---

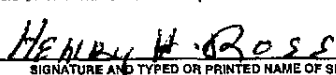
**DO NOT WRITE  
IN THIS SPACE**

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: 	DATE: 1-12-05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UNDOCUMENTED 01/24/05-80098-023 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROSS, HENRY H 5918 SAYLERS CREEK CT BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROSS, TOBY 5918 SAYLERS CREEK CT BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSS, DAVID 2989 GENDA WAY DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, LINDA 3920 ROOSEVELT BLVD KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: 	DATE: 1-12-05 DAYTIME PHONE: 941.755.5100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	