

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90022 024 \*\*\*150.00

**DOCUMENT # P93000003395**  
 1. Entity Name  
**DORA'S HAIR STYLING, INC.**



Principal Place of Business  
**327 CORONADO DR.  
 CLEARWATER BEACH, FL 34630**

Mailing Address  
**327 CORONADO DR.  
 CLEARWATER BEACH, FL 34630**

**94020378**



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3159787**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KALLAS, GEORGE**  
**202 HOWARD DRIVE**  
**BELLEAIR BEACH, FL 34835**

**3405 GULF BLVD**  
~~202 HOWARD DRIVE~~  
~~BELLEAIR BEACH, FL 34835~~  
**BELLEAIR Bch FLORIDA**  
**33786**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KALLAS, GEORGE
STREET ADDRESS	<del>202 HOWARD DR.</del> <b>3405 GULF BLVD UNIT 210</b>
CITY-ST-ZIP	<del>BELLEAIR BEACH, FL 34635</del> <b>CLEARWATER, FL 34635</b>
TITLE	SD
NAME	KALLAS, DORA
STREET ADDRESS	<del>202 HOWARD DR.</del> <b>3405 GULF BLVD UNIT 210</b>
CITY-ST-ZIP	<del>BELLEAIR BEACH, FL 34635</del> <b>CLEARWATER, FL 34635</b>
TITLE	PO
NAME	KALLAS GEORGE
STREET ADDRESS	<b>3405 GULF BLVD BELLEAIR Bch</b>
CITY-ST-ZIP	<b>FLORIDA 33786</b>
TITLE	SO
NAME	DORA KALLAS
STREET ADDRESS	<b>3405 GULF BLVD</b>
CITY-ST-ZIP	<b>BELLEAIR Bch FLORIDA 33786</b>
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)(j), 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: Dora Kallas **DORA KALLAS** 727-4611982  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #