

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000005849**

1. Entity Name

KINGS LAKE HAIR DESIGN, INC.



Principal Place of Business

4824 DAVIS BLVD.  
NAPLES, FL 34112

Mailing Address

4824 DAVIS BLVD.  
NAPLES, FL 34112



07102004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0382701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COATES, LORI L  
5242 KENSINGTON HIGH ST  
NAPLES, FL 34105

**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

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution... ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME COATES, LORI L  
STREET ADDRESS 5242 KENSINGTON HIGH ST  
CITY-ST-ZIP NAPLES, FL 34105

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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07/14/04-80001-006 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/04 239-250-00.