

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90004 008 ***150.00

DOCUMENT # P93000014461 1. Entity Name THE HAIR SHANTY, INC.			
Principal Place of Business 306 SW 3 AVE OKEECHOBEE, FL 34974		Mailing Address 306 SW 3 AVE OKEECHOBEE, FL 34974	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3746 N.W. 19TH AVE Suite, Apt. #, etc.	
City & State OKEECHOBEE FL		City & State OKEECHOBEE FL	
Zip 34972	Country USA	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TEDDERS, RITA 306 SW 3 AVE OKEECHOBEE, FL 34974		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST TEDDERS, RITA 3746 NW 19 AVE OKEECHOBEE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TEDDERS, JAMES L 3746 N.W. 19TH AVENUE OKEECHOBEE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <i>Lita R Tedders</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1-24-04 Daytime Phone #: 863-763-0002	

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