

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AH)

FILED
May 09, 2005 8:00 am
Secretary of State

02-11-2005 90055 028 ***150.00

DOCUMENT # P93000025484 1. Entity Name PAT'S HAIR PALACE, INC.					
Principal Place of Business 1916 AVENUE P SOUTHWEST WINTER HAVEN FL 33881			Mailing Address 1916 AVENUE P SOUTHWEST WINTER HAVEN FL 33881		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HODGE, BERNICE 10 JEFFERSON AVENUE FROSTPROOF FL 33843				7. Name and Address of New Registered Agent Name OSCAR HODGE JR. Street Address (P.O. Box Number is Not Acceptable) 34 JEFFERSON AVE City FROSTPROOF FL Zip Code 33843	
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 <u><i>Oscar Hodge Jr.</i></u> DATE <u>4-30-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LEWIS, PATRICIA ANN 5503 SUNSET WAY NORTH LAKELAND FL 33805		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Patricia H. Jenkins 5503 Sunset Way Lakeland Fla 33804	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GRIMES, ANNIE 465 AUSTIN ST LK WHALES FL 33853		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD REED, EDITH 1831 NORTHWEST 194TH STREET MIAMI FL 33056		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u><i>Patricia H. Jenkins</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR</small>			Date <u>2-8-05</u> Daytime Phone # <u>863-293-0468</u>		

66016366



1st MOORE CR2E034 (10/04)