


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000040145</b> 1. Entity Name <b>PALM HARBOR FAMILY BARBER SHOP, INC.</b>	
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Principal Place of Business <b>1122 FLORIDA AVENUE PALM HARBOR, FL 34683</b>	Mailing Address <b>1122 FLORIDA AVENUE PALM HARBOR, FL 34683</b>
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**DO NOT WRITE IN THIS SPACE**



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3179522</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LANNI, LOUIS J JR. 1122 FLORIDA AVENUE PALM HARBOR, FL 34683</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000104884  
04/07/04-80002-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANNI, LOUIS J JR. 1122 FLORIDA AVENUE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANNI, KATHLEEN 1122 FLORIDA AVENUE PALM HARBOR, FL 34683
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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.

<b>SIGNATURE:</b> <u>Louis J Lanni Jr</u> <u>Louis J Lanni Jr</u> <u>4/5/04</u> <u>727-789-5977</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>