

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90024 026 ***150.00

DOCUMENT # P93000041200

1. Entity Name

FLORIDA ACADEMY OF HAIR DESIGN, INC.



Principal Place of Business

38363 STATE ROAD 54 EAST
ZEPHYRHILLS, FL 33540

Mailing Address

PO BOX 1419
ZEPHYRHILLS, FL 33539-1419

20064308



07112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3189472

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OSBORNE, GEORGIA L
38239 PEAR COURT
ZEPHYRHILLS, FL 33541

**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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
OSBORNE, GEORGIA L.
38363 HWY 54 E
ZEPHYRHILLS, FL 33540

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
Judson B. Baggett, CPA, PA 20064308

Certified Public Accountants

Judson B. Baggett, MBA, CPA, Partner
Marci Reutimann, CPA, Partner

6815 Dairy Road
Zephyrhills, FL 33542
Phone: (813) 788-2155
Fax: (813) 782-8606

July 12, 2005

Florida Department of State
Division of Corporations
P. O. Box 6198
Tallahassee, Florida 32314

Ref: ~~Florida Academy~~ of Hair Design, Inc.
P93000041200
Notice of Intent to Dissolve

Gentlemen:

We are responding to your Notice of Intent to Dissolve on behalf of our client, Florida Academy of Hair Design, Inc. Georgia Osborne, owner of the company, sold the company in December of 2004. In April of 2005, she discovered that the buyer left without notice and took over the company again. Her lawyer had determined that no documents had been filed with the state regarding the sale.

Your Notice of Intent to Dissolve which was received in July was promptly brought to our office by Ms. Osborne.

The Florida Academy of Hair Design, Inc. form is enclosed with this letter as well as the original fee of \$150.00. We respectfully request that the late filing fee be waived due to the unusual circumstances involved.

Sincerely,


Judson B. Baggett, CPA, CVA

Enc: Form
Check

JBB:bj