


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90001 009 ***150.00

DOCUMENT # P93000044335	
1. Entity Name ABSOLUTE HAIR DESIGN & TANNING, INC.	

Principal Place of Business ABSOLUTE HAIR DESIGNS 7800 U.S. 1792 SOUTH, SUITE 116 FERN PARK, FL 32730 US	Mailing Address ABSOLUTE HAIR DESIGNS 7800 U.S. 1792 SOUTH, SUITE 116 FERN PARK, FL 32730 US
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2. Principal Place of Business ABSOLUTE HAIR DESIGN	3. Mailing Address ABSOLUTE HAIR DESIGN
Suite, Apt. # 7800 US HWY 1792 S STE 116	Suite, Apt. #, etc. FERN PARK, FL 32730
City & State 407-834-HAIR	City & State
Zip 407-834-HAIR	Country

01202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PIGOTT, DARLENE JOAN 199 SAVANNAH PARK LOOP CASTLEBURY, FL 32707	
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4. FEI Number 59-3191485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 <i>Joan Darlene Pigott</i>	DATE 6-30-2004

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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Joan Darlene Pigott</i>	DATE 6-30-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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#P93000044335

I just received my Corporation
Paper today June 30, 2004
I am overruling it and ask
that the state fee be waived

Thank you.