


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90061 001 \*\*\*158.75

**DOCUMENT # P93000044335**

1. Entity Name  
**ABSOLUTE HAIR DESIGN & TANNING, INC.**



Principal Place of Business <b>ABSOLUTE HAIR DESIGNS          7800 U.S. 1792 SOUTH, SUITE 116          FERN PARK FL 32730          US</b>	Mailing Address <b>ABSOLUTE HAIR DESIGNS          7800 U.S. 1792 SOUTH, SUITE 116          FERN PARK FL 32730          US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>7800 U.S. 1792 S.          Suite, Apt. #, etc.          #116</b>	3. Mailing Address <b>7800 US 1792 S.          Suite, Apt. #, etc.          Fern park Fla.</b>
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City & State <b>Fern park Fla.</b>	City & State <b>#-116</b>	4. FEI Number <b>59-3191485</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32730</b>	Country <b>Seminole</b>	Zip <b>32730</b>	Country <b>Seminole</b>

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

6. Name and Address of Current Registered Agent

**PIGOTT, DARLENE JOAN  
 199 SAVANNAH PARK LOOP  
 CASTLEBURY FL 32707**

7. Name and Address of New Registered Agent

Name **Joan Darlene Pigott**  
 Street Address (P.O. Box Number is Not Acceptable)  
**324 misty OAKS Run**  
**Casselberry Fla.**  
 City **FL** Zip Code **32707**

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 *Joan Darlene Pigott* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE O	<input type="checkbox"/> Delete
NAME JOAN DARLENE PIGOTT	
STREET ADDRESS 199 SAVANNAH PARK LOOP	
CITY-ST-ZIP CASSELBERRY FL 32779	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 324 misty OAKS Run	
CITY-ST-ZIP CASSELBERRY Fla. 32707	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Joan Darlene Pigott* *Joan Darlene Pigott* **407-834 4247**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #