


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000079859</b> 1. Entity Name <b>HAIR ILLUSIONS ASSOCIATES, INCORPORATED</b>					
Principal Place of Business <b>4400 HIGHWAY 20 E SUITE 309 NICEVILLE FL 32578</b>			Mailing Address <b>4400 HIGHWAY 20 E SUITE 309 NICEVILLE FL 32578</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3262597</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LARSON, JOHN A 4400 HIGHWAY 20 E SUITE 309 NICEVILLE FL 32578</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LARSON, JOHN A 4400 HWY 20 E. #309 NICEVILLE FL 32578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000022988 02/02/04-80008-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LARSON, PATRICIA E 4400 HWY 20 E. #309 NICEVILLE FL 32578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: John A. Larson</b> <b>JOHN A. LARSON</b> <b>01/25/04</b> <b>(850) 897-2608</b>					