


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000079859 1. Entity Name HAIR ILLUSIONS ASSOCIATES, INCORPORATED					
Principal Place of Business 4400 HIGHWAY 20 E SUITE 309 NICEVILLE FL 32578			Mailing Address 4400 HIGHWAY 20 E SUITE 309 NICEVILLE FL 32578		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3262597	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LARSON, JOHN A 4400 HIGHWAY 20 E SUITE 309 NICEVILLE FL 32578				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 _____ (NOTE: Registered Agent signature required when re-registering) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LARSON, JOHN A 4400 HWY 20 E. #309 NICEVILLE FL 32578	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000240268 02/23/05-80024-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LARSON, PATRICIA E 4400 HWY 20 E. #309 NICEVILLE FL 32578	<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>John A. Larson</i>				02/18/05 <i>850 897-2608</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	