

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90043 027 ***150.00

DOCUMENT # P94000023099

1. Entity Name

SCARLETT O'HAIR'S, INC.



Principal Place of Business

1711 PERIWINKLE WAY
SUITE 2
SANIBEL FL 33957
US

Mailing Address

1711 PERIWINKLE WAY
SUITE 2
SANIBEL FL 33957
US

2. Principal Place of Business

11637 KELLY ROAD
SUITE 308
FT. MYERS, FL

3. Mailing Address

11637 KELLY ROAD
SUITE 308
FT. MYERS, FL

City & State

33908
LEE Co
USA

City & State

33908
LEE Co
USA

4. FEI Number

65-0477964

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURTY, TIMOTHY J
1200 PERIWINKLE WAY
SANIBEL FL 33957

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: 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 PSTD
NAME ARNOLD, SCARLETT
STREET ADDRESS 2065 WILD LIME DR
CITY-ST-ZIP SANIBEL FL 33957

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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)(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: *Scarlett L. Arnold* SCARLETT L. ARNOLD 4/13/04 239-437-5699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #