


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000088997</b> 1. Entity Name <b>ONLY YOU HAIR SALON, INC.</b>	
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<b>Principal Place of Business</b> 9738 US HIGHWAY 441 SUITE 101 LEESBURG, FL 34788	<b>Mailing Address</b> 9738 US HIGHWAY 441 SUITE 101 LEESBURG, FL 34788
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**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3282319</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  HALL, ZELL 16175 S.E. 58TH AVE. SUMMERFIELD, FL 32691
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**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reappointing)</small>	<small>DATE</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000054799 02/17/04-80011-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, ZELL 16175 S.E. 58TH AVE. SUMMERFIELD, FL 32691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, NETTIE 16175 S.E. 58TH AVE. SUMMERFIELD, FL 32691
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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)(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:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2/12/04</b> <small>Date</small>	<b>352 787 5117</b> <small>Daytime Phone #</small>
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**ZELL R. HALL**