2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000051075

1. Entity Name
DAVID ANDREW HAIR STUDIO & SPA, INC.

Principal Place of Business	Mailing Address
725 LITHIA PINECREST RD.	3355 BEARSS AVE
BRANDON, FL 33511	TAMPA, FL 33618

94039776
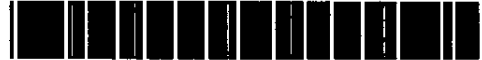
DO NOT WRITE IN THIS SPACE

03072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3325124	Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, WALTER
3355 BEARSS AVE
TAMPA, FL 33618

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.

SIGNATURE *Walter Sanders*   *Walter Sanders*   *3/26/04*

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	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERDICOW, ANDREW
STREET ADDRESS	3611 WOODHILL DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	P
NAME	COMBS, DAVID
STREET ADDRESS	3611 WOODHILL DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VP
NAME	COMBS, ARLETTE
STREET ADDRESS	3611 WOODHILL DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *David Combs*   *David Combs*   *3/26/04*

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