

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90011 001 \*\*\*150.00

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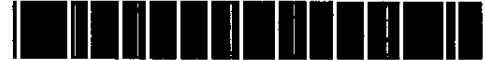
1. Entity Name  
**DAVID ANDREW HAIR STUDIO & SPA, INC.**



Principal Place of Business  
**725 LITHIA PINECREST RD.  
BRANDON, FL 33511**

Mailing Address  
**3355 BEARSS AVE  
TAMPA, FL 33618**

**94039776**



03072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3325124</b>	Applied For Not Applicable
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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 <b>D</b>	<b>PERDICOW, ANDREW</b>
NAME	<b>3611 WOODHILL DR.</b>
STREET ADDRESS	<b>BRANDON, FL 33511</b>
CITY-ST-ZIP	

TITLE <b>P</b>	<b>COMBS, DAVID</b>
NAME	<b>3611 WOODHILL DR</b>
STREET ADDRESS	<b>BRANDON, FL 33511</b>
CITY-ST-ZIP	

TITLE <b>VP</b>	<b>COMBS, ARLETTE</b>
NAME	<b>3611 WOODHILL DR.</b>
STREET ADDRESS	<b>BRANDON, FL 33511</b>
CITY-ST-ZIP	

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)(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.

SIGNATURE: David Combs

David Combs

3/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #