

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90267 003 ***150.00

DOCUMENT # P95000051075

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~~ **16528 N. Dale Mabry Hwy.**
TAMPA, FL 33618

20041148



2. Principal Place of Business

3. Mailing Address

16528 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292005 Chg-P CR2E034 (10/03)

City & State

City & State
Tampa, FL

4. FEI Number

59-3325124

Applied For

Not Applicable

Zip

Country

Zip

Country

33618

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, WALTER
~~3355 BEARSS AVE~~ **16528 N. Dale Mabry Hwy.**
TAMPA, FL 33618

Name **Sanders, Walter**

Street Address (P.O. Box Number is Not Acceptable)

16528 N. Dale Mabry Hwy

City **Tampa**

FL

Zip Code **33618**

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

2/20/05

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **PERDICOW, ANDREW**
 STREET ADDRESS **3611 WOODHILL DR.**
 CITY-ST-ZIP **BRANDON, FL 33511**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **COMBS, DAVID**
 STREET ADDRESS **3611 WOODHILL DR**
 CITY-ST-ZIP **BRANDON, FL 33511**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **COMBS, ARLETTE**
 STREET ADDRESS **3611 WOODHILL DR.**
 CITY-ST-ZIP **BRANDON, FL 33511**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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**

3/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #