

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057008

FILED
Feb 19, 2005
Secretary of State

Entity Name: SCISSORHANDS HAIR DESIGN, INC.

Current Principal Place of Business:

17240-7 SO TAMIAMI TR
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

17240-7 SO TAMIAMI TR
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0681893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVENPORT, ELLA
17240-7 SO TAMIAMI TR
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVENPORT, ELLA
Address: 17240-7 SO TAMIAMI TR
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: DAVENPORT, DONALD
Address: 17240-7 SO TAMIAMI TR
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DAVENPORT, KOURTNIE
Address: 17240-7 SO TAMIAMI TR
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLA M. DAVENPORT

P

02/19/2005

Electronic Signature of Signing Officer or Director

Date