


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000060817  
1. Entity Name  
HEAVENLY HAIR DESIGNS, INC.



Principal Place of Business      Mailing Address  
62 COMMERCIAL WAY      62 COMMERCIAL WAY  
SPRING HILL, FL 34606      SPRING HILL, FL 34606

**DO NOT WRITE IN THIS SPACE**



02142005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
59-3389301      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MUSCO, CAROL A  
112 COMMERCIAL WAY  
SPRING HILL, FL 34606

**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 \_\_\_\_\_ (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

TITLE	D
NAME	MUSCO, CAROL A
STREET ADDRESS	62 COMMERCIAL WAY
CITY - ST - ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	ROMAN, KAREN M
STREET ADDRESS	62 COMMERCIAL WAY
CITY - ST - ZIP	SPRING HILL, FL 34606
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

02/19/05-80009-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: Karen Roman      x 2/16/05      352-686-6888

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