


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000077641</b> 1. Entity Name <b>H &amp; H BEAUTY SUPPLY, INC.</b>	
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Principal Place of Business <b>1250 W COLUMBIA AVENUE KISSIMMEE, FL 34741</b>	Mailing Address <b>1250 W COLUMBIA AVENUE KISSIMMEE, FL 34741</b>
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**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3399806</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**MCKENZIE, HERMAN  
2701 HAWTHORNE LANE  
KISSIMMEE, FL 34743**

**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: *Herman McKenzie* **HERMAN MCKENZIE, VICE-PRESIDENT** 4/29/04  
(NOTE: Registered Agent signature required when reinstating)

**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**

**U00000150375  
05/04/04-80003-022 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SOBREMISANA, HERMINIA 2837 MIDDLETON CIRCLE KISSIMMEE, FL 34743</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V MCKENZIE, HERMAN 2701 HAWTHORNE LANE KISSIMMEE, FL 34743</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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, changed, or on an attachment with an address, and all other information empowered.

SIGNATURE: *Herman McKenzie* **HERMAN MCKENZIE, VICE-PRESIDENT** 4/29/04 **(407) 935-0772**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #