

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90004 037 ***150.00

DOCUMENT # P97000010518

1. Entity Name
LOOSE ENDS STYLES AND BRAIDS UNLIMITED, INC.



Principal Place of Business
**6845 W COLONIAL DRIVE
ORLANDO, FL 32818**

Mailing Address
**6845 W COLONIAL DRIVE
ORLANDO, FL 32818**

54070064



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012003

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3429808

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAYBILL, DEIDRE W
6619 JOHN ALDEN WAY
ORLANDO, FL 32818**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAYBILL, DEIDRE W	
STREET ADDRESS	6619 JOHN ALDEN WAY	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAYBILL, DORIAN	
STREET ADDRESS	6619 JOHN ALDEN WAY	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAYBILL, CLARENCE	
STREET ADDRESS	6619 JOHN ALDEN WAY	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	T	<input type="checkbox"/> Delete
NAME	CURRY, NANNETTE	
STREET ADDRESS	6619 JOHN ALDEN WAY	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

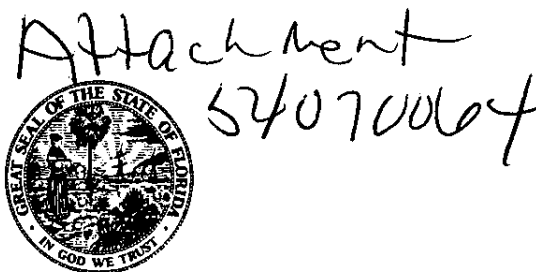
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deidre Graybill
Date **May 10 2004**

Daytime Phone # **407 808 9121**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 8, 2004

LOOSE ENDS STYLES AND BRAIDS UNLIMITED, INC.
6845 W COLONIAL DRIVE
ORLANDO, FL 32818

SUBJECT: ~~LOOSE ENDS STYLES AND BRAIDS UNLIMITED, INC.~~
Ref. Number: P97000010518

We have received your document for LOOSE ENDS STYLES AND BRAIDS UNLIMITED, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson
Document Specialist

Letter Number: 904A00031939



Attachment
524070064

Division of Corporations

Annual Report

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Business Entity Name

LOOSE ENDS STYLES AND BRAIDS UNLIMITED, INC.

FEI Number 593429808
FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current
Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address 6845 W COLONIAL DRIVE
Suite, Apt. #, etc.
City, State ORLANDO, FL
Zip Code & Country 32818

Mailing Address

Address 6845 W COLONIAL DRIVE
Suite, Apt. #, etc.
City, State ORLANDO, FL
Zip Code & Country 32818

Name And Address of Registered Agent

Name (Last, First, Middle, Title) GRAYBILL, DEIDRE, W,
-or- RA Business Name
Address 6619 JOHN ALDEN WAY
Suite, Apt. #, etc.
City, State ORLANDO, FL
Zip Code & Country 32818 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a

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54070064
Ser. # 097000010518

business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Debra Gayhill

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Business Entity Name

LOOSE ENDS STYLES AND BRAIDS UNLIMITED, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
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Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

☐ List more than six
Officers/Directors

☐ No additional
Officers/Directors to list

An individual named above must type their name in the 'Officer/Director
Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature

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