

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90241 043 \*\*\*158.75

<b>DOCUMENT # P97000012865</b>					
<b>1. Entity Name</b> THE BARBER SHOP, INC. OF CENTRAL FLORIDA					
<b>Principal Place of Business</b> 108 SOUTH SEMORAN BLVD. WINTER PARK, FL 32792			<b>Mailing Address</b> 108 S. SEMORAN BLVD. P.O. BOX 5359 WINTER PARK, FL 32793-5359		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3433753	
32793-5359		32793-5359		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MORIARTY, JAMES D 2015 FRENCH AVE SANFORD, FL 32771			<b>7. Name and Address of New Registered Agent</b> Name <b>MORIARTY, JAMES D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2021 FRENCH AVE.</b> City <b>SANFORD</b> <b>FL</b> Zip Code <b>32771</b>		
<b>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.</b>					
SIGNATURE			DATE <b>4-20-04</b>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORIARTY, JAMES D 1659 BASS AVE SEVILLE, FL 32190	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORIARTY, JAMES D. 2021 FRENCH AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DST MORIARTY, CAROL E 1659 BASS AVE SEVILLE, FL 32190		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<b>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.</b>					
SIGNATURE:			DATE <b>4-20-04</b> (407) 679-9060		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		