

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

DOCUMENT # P97000012865

1. Entity Name  
THE BARBER SHOP, INC. OF CENTRAL FLORIDA



Principal Place of Business 108 SOUTH SEMORAN BLVD. WINTER PARK, FL 32792	Mailing Address 108 S. SEMORAN BLVD. P.O. BOX 5359 WINTER PARK, FL 32793-5359
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country 32793-5359

03282004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3433753	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORIARTY, JAMES D 2015 FRENCH AVE SANFORD, FL 32771		Name MORIARTY, JAMES D Street Address (P.O. Box Number is Not Acceptable) 2021 FRENCH AVE. City SANFORD FL Zip Code 32771	

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

4-20-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MORIARTY, CAROL E 2021 FRENCH AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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:

4-20-04 (407) 679-9060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #