

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P97000042221**

1. Entity Name  
**CHEZ BREAUULT HAIR SALON, INC.**



Principal Place of Business  
**5995 GULFWINDS DR  
ST PETE, FL 33706**

Mailing Address  
**5995 GULFWINDS DR  
ST PETE, FL 33706**

**FILED  
Mar 18, 2004 08:00 AM  
Secretary of State**



03152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3457347</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**

**BOYD, JUDITH BREAUULT  
200 MADONNA BLVD #50  
TIERRA VERDE, FL 33715**

**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 *Judith Breauult Boyd*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/15/04**  
DATE

**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**

**U00000091996  
03/18/04-80031-013 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BOYD, JUDITH B 200 MADONNA BLVD TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BOYD, JAMES R 200 MADONNA BLVD TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 667, 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:**

*Judith Breauult Boyd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/04**

**727-360-4108**