

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000048964

1. Entity Name  
HEAVENLY HAIR AND NAIL SALON, INC.



Principal Place of Business  
604 W LANCASTER RD  
ORLANDO, FL 32809 US

Mailing Address  
5440 CHISWICK CIRCLE  
ORLANDO, FL 32812



03052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3453398

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HYDE-WHITE, MARY  
5440 CHISWICK CIRCLE  
ORLANDO, FL 32812

**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

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000143048  
04/30/04-80075-025 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HYDE-WHITE, MARY
STREET ADDRESS	5440 CHISWICK CIRCLE
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE	D
NAME	PHELPS, LYNDIA
STREET ADDRESS	5440 CHISWICK CIRCLE
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE	D
NAME	HYDE, ROSE
STREET ADDRESS	5440 CHISWICK CIRCLE
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(l), 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:

*Mary Hyde-White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04 (407) 857-0325

Date

Daytime Phone #