2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000050326

1. Entity Name
LA RENAISSANCE BEAUTY SALON, INC.

Principal Place of Business	Mailing Address
535 HWY 98 EAST E DESTIN, FL 32541	535 HWY 98 EAST E DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

08182004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3381927	Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLEY, JAMES
535 HWY 98 EAST
SUITE E
DESTIN, FL 32541

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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	PD
NAME	HOLLEY, JAMES
STREET ADDRESS	230 HIGHWAY 98 EAST
CITY-ST-ZIP	DESTIN, FL 32541

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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08/23/04-80007-012 150.00

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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: _James Holley_, PRES   5/18/04   (850) 837-5707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #