

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073416

FILED
Jan 25, 2005
Secretary of State

Entity Name: JACKSONVILLE HAIR REPLACEMENT, INC.

Current Principal Place of Business:

9770 BAYMEADOWS ROAD
STE. 101
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9770 BAYMEADOWS ROAD
STE. 101
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3463131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, JOANN
9770 OLD BAYMEADOWS RD.
SUITE 101
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUTCHINSON, JOANN
Address: 7910 LOS ROBLES CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: JOYNER, JOHN
Address: 7861 LA SIERRA CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: DESAI, BHARTI
Address: 1584 ROSWELL RD
City-St-Zip: MARIETTA, GA 30062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BHARTI DESAI

VP

01/25/2005

Electronic Signature of Signing Officer or Director

Date