

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000079520**

1. Entity Name

KIT'S CHARISMA HAIR SALON, INC.



Principal Place of Business

THE GALLERIA PLAZA, HUTCHINSON ISLAND  
10863 S. OCEAN DR.  
JENSEN BEACH, FL 34957

Mailing Address

THE GALLERIA PLAZA, HUTCHINSON ISLAND  
10863 S. OCEAN DR.  
JENSEN BEACH, FL 34957



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0793978

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

THOMAS, ADRIAN P  
2600 NE 14TH ST. CAUSEWAY  
POMPAHO BEACH, FL 33062

**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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME NELSON, KATHERINE C  
STREET ADDRESS 624 PT ST LUCIE CRESCENT #406  
CITY-ST-ZIP STUART, FL 34994

TITLE  
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CITY-ST-ZIP

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000000103575  
04/05/04-80061-017 150.00

**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 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:

*Katherine C. Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04 7722299660

Date

Daytime Phone #