

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000095018

1. Entity Name
FRIENDS HAIR DESIGN, INC.



Principal Place of Business
5876 RED BUG LAKE RD., UNIT #14
WINTER SPRINGS, FL 32708

Mailing Address
5876 RED BUG LAKE RD., UNIT #14
WINTER SPRINGS, FL 32708



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3478004

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

KOLENTUS, NANCY A
646 SARANAC DR.
WINTER SPRINGS, FL 32708

**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 restate)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME KOLENTUS, NANCY A
STREET ADDRESS 646 SARANAC DR.
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE DV
NAME CRAGO, PATRICIA E
STREET ADDRESS 1232 PALOS VERDE DR.
CITY-ST-ZIP ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-05

407-696-0096