


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90029 008 \*\*\*550.00

<b>DOCUMENT # P98000023570</b> 1. Entity Name <b>DONNA'S HAIR DESIGNS, INC.</b>			
Principal Place of Business <b>3206 ALTERNAT 19 N. PALM HARBOR, FL 34683</b>		Mailing Address <b>3206 ALTERNAT 19 N. PALM HARBOR, FL 34683</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>INLET WAY</b> <b>120 [unclear]</b> Suite, Apt. #, etc. <b># 102</b>	
City & State <b>PALM BEACH SHORES FL</b>		4. FEI Number <b>59-3100625</b>	
Zip <b>33404</b>		Country <b>PALM BEACH</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SANCHEZ, GEORGE I ESQ. 3446 EAST LAKE ROAD SUITE 214 PALM HARBOR, FL 34685</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, DONNA 1857 SAN MATEO DRIVE DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER Donna Jones 120 Inlet Way #102 Palm Beach Shores Fl. 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, DILLARD M 1857 SAN MATEO DRIVE DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER Dillard M. Jones 120 Inlet Way #102 Palm Beach Shores Fl. 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
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: <i>Donna Jones</i> <b>DONNA L. JONES</b>		7/15/04 727 6473463	