

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90033 035 ***150.00

DOCUMENT # P98000023618	
1. Entity Name TANGLEZ TO CURLZ SALON, INC.	

Principal Place of Business 16864 HWY 441 MT. DORA, FL 32757	Mailing Address 16864 HWY 441 MT. DORA, FL 32757
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

94030668



03152004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3498448	Applied for ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STROKES ACCOUNTING 1035 W. DIXIE AVENUE LEESBURG, FL 34748	
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7. Name and Address of New Registered Agent Beverly C. Evans 16864 Hwy 441 FL 32757	
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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 _____	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, BEVERLY C 16864 HWY 441 MOUNT DORA, FL 32757 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied in 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 reports 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: 	Date: 3-15-04 (352) 735-9454