

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90226 012 ***150.00

DOCUMENT # P98000035707

1. Entity Name

BOBBIE'S HAIR ETC. INC.



Principal Place of Business

**314 EAST PARK
AUBURNDALE FL 33823**

Mailing Address

**314 EAST PARK
AUBURNDALE FL 33823**

2. Principal Place of Business

Auburndale, FL

Suite, Apt. #, etc.

3. Mailing Address

314 East Park Street

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Auburndale, FL 33823

City & State

Auburndale, FL

4. FEI Number

59-3518704

Applied For

Not Applicable

Zip

Country

United States

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ELMORE, BARBARA
314 EAST PARK STREET
AUBURNDALE FL 33823**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Auburndale, FL

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Feb 3

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **ELMORE, BARBARA**
STREET ADDRESS **7767 MERRILY WAY**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Barbara Elmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar Feb 5/05