2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000049405

1. Entity Name COLOURATIONS HAIR STUDIO, INC.



FILED May 06, 2004 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

% HASTINGS & ASSOCIATES, P.A. 2207 54TH STREET S. GULFPORT, FL 33707 Mailing Address

% HASTINGS & ASSOCIATES, P.A. 2207 54TH STREET S. GULFPORT, FL 33707



03222004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-3513106

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, DAVID C % HASTINGS & ASSOCIATES, P.A. 2207 54TH STREET S. __ GULFPORT, FL 33707

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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 Signature, typort or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	icing 🔲	\$5.00 May Be Added to Fees	_
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LANG, SUSAN C 2207 54TH STREET S. GULFPORT, FL 33707				900000157436 05/06/04-80026-014 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		DO NOT WRITE	
NAME STREET ADDRESS CHY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CRTY-ST-ZIP	·				
TITLE NAME STREET ADDRESS 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.					