

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90042 022 \*\*\*150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P98000098055			
1. Entity Name ROBERTS HAIR SALON, INC.			
Principal Place of Business 5446 RATTLESNAKE HAMMOCK ROAD NAPLES FL 34113		Mailing Address 5446 RATTLESNAKE HAMMOCK ROAD NAPLES FL 34113	
2. Principal Place of Business 5446 Rattlesnake Hammock Rd Suite, Apt. #, etc.		3. Mailing Address 5446 Rattlesnake Hammock Rd Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples FL	
4. FEI Number 59-3548449		Applied For Not Applicable	
Zip 34113		Country Collier	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIDWELL, ROBERT C 5446 RATTLESNAKE HAMMOCK ROAD NAPLES FL 34113		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>Robert C. Bidwell</i> Signature, typed or printed name of registered agent and title if applicable		DATE <i>1/31/05</i> (NOTE: Registered Agent signature required when registering)	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIDWELL, ROBERT C 5446 RATTLESNAKE HAMMOCK ROAD NAPLES FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Robert C. Bidwell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>3/8/05</i> Daytime Phone #: <i>239-732-9900</i>	