

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90105 048 \*\*\*150.00

**DOCUMENT # P99000023975**

1. Entity Name  
SA-HAIR-A, INC.



Principal Place of Business

711 SOUTH HIGHWAY 27 STE. A  
CLERMONT, FL 34711

Mailing Address

711 SOUTH HIGHWAY 27 STE. A  
CLERMONT, FL 34711

**24043853**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3363271

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LANGLEY, RICHARD H  
700 ALMOND STREET  
CLERMONT, FL 34711

**DO NOT WRITE  
IN THIS SPACE**

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)

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME FAIRBANKS, TAMMY R  
STREET ADDRESS 711 SOUTH HIGHWAY 27 STE. A  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D  
NAME POWELL, STACY  
STREET ADDRESS 711 SOUTH HIGHWAY 27 STE. A  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Stacy Powell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/2/04* *352-243-3000*  
Date Daytime Phone #