



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000055074			
1. Entity Name THE HAIR DEPOT, INC.			
Principal Place of Business 7024 HWY 301 ELLENTON, FL 34222	Mailing Address 7024 HWY 301 ELLENTON, FL 34222		
DO NOT WRITE IN THIS SPACE			
		03202004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0934285	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCCUISTON, MICHELE E 7024 HWY 301 ELLENTON, FL 34222		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 _____ <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCUISTON, THOMAS J 9520 25TH ST EAST PARRISH, FL 34211		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCUISTON, MICHELE E 9520 25TH ST EAST PARRISH, FL 34211		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-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.			
SIGNATURE: <u>Thomas J McCuiston</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<input checked="" type="checkbox"/> 4-6-04	<input checked="" type="checkbox"/> 941-776-1838 <small>Daytime Phone #</small>