2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# P99000071137

Entity Name: ETHEL'S HAIR CARE CENTER, INC.

Current Principal Place of Business:

4164 HERSCHEL STREET
JACKSONVILLE, FL 32210

New Principal Place of Business:

1650 HAMILTON STREET
SUITE 2
JACKSONVILLE, FL 32210

Current Mailing Address:

4164 HERSCHEL STREET
SUITE #2
JACKSONVILLE, FL 32210

New Mailing Address:

14333 BONEY ROAD
JACKSONVILLE, FL 32226

FEI Number: 59-3601699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOEHNE, LON S
14333 BONEY ROAD
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THOMPSON, DELORES E
Address: 4278 HERSCHEL ST
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THOMPSON, DELORES E
Address: 1650 HAMILTON STREET SUITE 2
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELORES E THOMPSON P 04/07/2004
Electronic Signature of Signing Officer or Director Date