


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000091533 1. Entity Name M&G HAIR, INC.		
Principal Place of Business 3060 TAMiami TRAIL N SUITE 2 NAPLES, FL 34103	Mailing Address 3060 TAMiami TRAIL N SUITE 2 NAPLES, FL 34103	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AUSTIN, ARLENEN F 5811 PELICAN BAY BLVD., STE. 206-A SUITE 201 NAPLES, FL 34108		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 title if applicable. (NOTE: Registered Agent signature required when retreating)</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	DT STEIN, LINDA 781 14TH AVE. NW NAPLES, FL 34120	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS WESS, KAREN 6171 14TH AVE SW NAPLES, FL 34120	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP HOULDSWORTH, SANDRA 299 OYPRUS WAY WEST NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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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)(f), 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>Linda Stein</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="text-align: right;">Date 1/15/04 239-261-6020 Daytime Phone #</div>		



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0968096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**