2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000101600 1. Entity Name HAIR CONNOISSEURS, INC.				Secretary of State			
Principal Place of Business 1022 WEST STATE ROAD 4: SUITE 1000 ALTAMONTE SPRINGS, FL 3	36	Mailing Address 622 GEORGETOWN DRIVE CASSELBERRY, FL 32707					
DO NO	T WRITE I	IN THIS SPA	CE	04282005 4. FEI Number 59-3612	No Chg-P	CR2E03	4 (10/03) Applied For Not Applicable 8.75 Additional se Required
PICARD, HELENE 1022 WEST STATE RO ALTAMONTE SPRING	S, FL 32714	e purpose of changing its registe	red office or registe	IN T	NOT W	ACE	
SIGNATURE Signature, typed or p	rinted name of registered agent and t	itia il applicable. (NOTE, Register	red Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				.00 May Be led to Fees	00000U 05202205-)3 509 99 -80128-	004 <u>150</u> 00
CITY-ST-ZIP CASSELBEI TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF LENE E TOWN DRIVE RRY, FL 32707	ECTORS		– –	NOT W	RITE	
TITLE				IN 1	THIS SF	PACE	

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pril 22, 2005

407-339-0862