FILED Mar 29, 2004 8:00 am ry of State

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DOCUMENT # P99000103057 1. Entity Name	2004 FOR PRO ANNU	Niar 29, Secreta			
9407 U.S. HIGHWAY 301 NORTH RIVERIVEW, FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc O3092004 Chg-P City & State City & State 4. FEI Number	1. Entity Name		03-29-2004		
Suite, Apt. #, etc Suite, Apt. #, etc. 03092004 Chg-P	9407 U.S. HIGHWAY 301 NORTH	9407 U.S. HIGHWAY 301 NORT			
Clity & State City & State 4. FEI Number	2. Principal Place of Business	3. Mailing Address			
	Suite, Apt. #, etc	Suite, Apt. #, etc.		03092004	Chg-P
	City & State	City & State		:	696

NEW IMAGE HAIR AND NAIL SALON, INC.											
Principal Place of Business Mailing Address 9407 U.S. HIGHWAY 301 NORTH RIVERIVEW, FL 33569 Mailing Address 9407 U.S. HIGHWAY 301 NORTH RIVERIVEW, FL 33569			Н				FE 181 11671 FE 1818	54023	3827		
2. Principal Pi	ace of Business	3. Mailing Address									
Suite, Apt.	#, etc	Suite, Apt. #, etc.				03092004	Chg-P	CR2E	034 (10/03)		
City & State	e	City & State				4. FEI Number 59-361				plied For t Applicable	
Zip	Country	Zip	Count	ìry		5. Certificate	of Status Desired		\$8.75 Add		
	6. Name and Address of Curren	nt Registered Agent				7. Name and	Address of New	Registered	Agent		
00 AV 00	*****			Name							
GRAY, BRANDI L 10039 RIVER DRIVE GIBSONTON, FL 33534			Street Address (P.O. Box Number is Not Acceptable)								
				City				FL	Zip Code		
9 The show	named entity submits this statement	tor the oursese of elements its	registare	od office or	secicles	ad agast or bo	th in the State of I		- familiar with	and secent	
	ions of registered agent.	for the purpose of changing its	s registere	ad Office Of	: agisteri	an adem, or no	ur, iri ure State Str	norma, rans	reconnect with a	and accopt	
SIGNATURE_	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	TE: Registeres	d Agent signati	ne required	when reinstating)		DATE			
	***************************************							***************************************			
FILI After Ma	E NO W !!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Con		cing		60 May Be ed to Fees					
10.	OFFICERS AN	D DIRECTORS	11.			ADDITIONS,	CHANGES TO O	FFICERS AN	D DIRECTORS	S IN 11	
1171.5	D	Delete	THLE						☐ Change	Addition	
NAME	GRAY, BRANDI L									• • •	
STREET ADDRESS	9407 U.S. HIGHWAY 301 NOR	TH		ET ADDRESS							
CITY-ST-ZIP	RIVERIVEW, FL 33569	,		- \$Y - ZIP							
TITLE NAME	D LARSON, SHERRI A	☐ Delete	TITLE		D	ר ומווו	CHERR	, ,	T Change	Addition	
STREET ADDRESS	13125 MALLARD LANDING PL	ACE #1037		ET ADORESS	103	MENDE	SHERR W LANE FL 335	ļ <i>L</i> .			
CITY-ST-ZIP	TEMPLE TERRACE, FL 33637			-SI-ZIP	PRI	ZNI ENNI	6 336	(1)			
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STREET ADDRESS				et address							
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NAME		C. D0.010	NAMI								
STREET ADDRESS			STRE	ET ADDRESS							
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TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME			NAM								
STREET ADDRESS GHY-S1-ZIP				ET ADDRESS - ST-ZIP							
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redicated	certify that the information supplied w	arrans many does not qualify it	mu eland	mpuut Stät lura ehallis	eus (ha s	uoun ma.uz(d) eana lanai effe	ry, i romua glatilitä et se if mada unds	a. inuitina GE uroethibiat I	amy trat tile if	ournautiti	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under part; that I am an officer or diffective or frustee 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.