2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State
07-23-2004 90001 026 ***150.00

DOCUMENT # S23646

1. Entity Name
HAIR CREATIONS OF NAPLES, INC.

Principal Place of Business	Mailing Address
855 VANDERBILT BCH RD NAPLES, FL 34108 US	3221 BROOKVIEW CT NAPLES, FL 34120 US

54064475

07052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0262317
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEPEPPO, EMMANUEL, JR.
3221 BROOKVIEW COURT
NAPLES, FL 34120

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEPEPPO, EMMANUEL, JR.
STREET ADDRESS	3221 BROOKVIEW CT
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	D
NAME	DEPEPPO, JOANN
STREET ADDRESS	3221 BROOKVIEW CT
CITY-ST-ZIP	NAPLES, FL 34120
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	

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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)(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: Jo Ann DePeppo 7-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 5406447 5
Doc # 5236446

7-16-04

To Whom it may Concern

I have received your letter Concerning that I owe 550.00 to file the proof of an annual report. I regret to say that I never received by mail any thing saying I needed to fill out any paper work regarding the matter I am sending you a CK for $150.00 Hopefully you can understand my situation & accept this as Payment in full.

Sincerely

J. DePippo.