


2005 -FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90136 037 ***150.00

DOCUMENT # S60209 1. Entity Name HEADLINERS HAIR WORKS, INC.	
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Principal Place of Business THE ALTERNATIVE 1240 JENKS AVE PANAMA CITY FL 32401 US	Mailing Address HEADLINER/THE ALTERNATIVE 1240 JENKS AVE PANAMA CITY FL 32401 US
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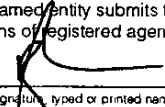


2. Principal Place of Business Salon 180 Too	3. Mailing Address Headliners/Salon 180 Too
Suite, Apt. #, etc. 757 Jenks Ave	Suite, Apt. #, etc. 757 Jenks Ave
City & State Panama City Fla	City & State Panama City Fla
Zip 32401 Country USA	Zip 32401 Country USA

1st MOORE CR2E034 (10/04)

4. FEI Number 59-3072517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEVILLE, BARBARA 8018 BAYOU GEORGE DR. PANAMA CITY FL 32404	
7. Name and Address of New Registered Agent Name Neville, Barbara Street Address (P.O. Box Number is Not Acceptable) 6527 Wendy Rd Panama City City FL Zip Code 32404	

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  **president Barbara Neville** 4/20/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDV BARBARA NEVILLE 8018 BAYOU GEORGE DR. PANAMA CITY FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDV Barbara Neville 6527 Wendy Rd Panama City Fla 32404 only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **president Barbara Neville** 4/20/05 850 522 1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #