2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90314 002 ***150.00

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1. Entity Name
JENNY'S HAIR EXPECTATIONS, INC.

Principal Place of Business	Mailing Address
NOKOMIS VILLAGE SHOPPING CENTER UNIT 1085A NOKOMIS, FL 34275	NOKOMIS VILLAGE SHOPPING CENTER UNIT 1085A NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0301752
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MITSIS, STEVEN
NOKOMIS VILLAGE SHOPPING CENTER
UNIT 1085A
NOKOMIS, FL 34275

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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 _____ STEVEN MITSIS 4-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MITSIS, STEVEN
STREET ADDRESS	NOKOMIS VILLAGE SHOPPING CENTER
CITY-ST-ZIP	NOKOMIS, FL
TITLE	VSP
NAME	MITSIS, CANDICE
STREET ADDRESS	NOKOMIS VILLAGE SHOPPING CENTER
CITY-ST-ZIP	NOKOMIS, FL
TITLE	PTD
NAME	MITSIS, STEVE
STREET ADDRESS	1085 A TAMIAMI TR.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	VSP
NAME	MITSIS, CANDICE
STREET ADDRESS	1085 A TAMIAMI TR.
CITY-ST-ZIP	NOKOMIS, FL 34275
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: _____ STEVEN MITSIS 4-15-05 941-485-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #