


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90025 038 \*\*\*150.00

<b>DOCUMENT # V38720</b>			
1. Entity Name <b>JOHN PETERS HAIR SALON, INC.</b>			
Principal Place of Business <b>3011 YAMATO RD S-A-7 BOCA RATON FL 33434 US</b>		Mailing Address <b>3011 YAMATO RD S-A-7 BOCA RATON FL 33434 US</b>	
2. Principal Place of Business <i>new</i>		3. Mailing Address <b>435 Palm Trail</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Delray Bch FL</b>	
Zip	Country	Zip	Country
<b>33483</b>		<b>33483</b>	<b>FL</b>
6. Name and Address of Current Registered Agent <b>PETERS, RISA 3011 YAMATO RD S-A-7 BOCA RATON FL 33434</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>Risa Peters Pres.</i>		DATE <b>8/18/04</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PETERS, RISA 3011 YAMATO RD S-A-7 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Risa Peters* **Risa Peters 8/18/04 5612434003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #