


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000006506
 1. Entity Name
 MARKET STREET SALON, INC.



Principal Place of Business 8327 MARKET STREET BRADENTON, FL 34202	Mailing Address 8327 MARKET STREET BRADENTON, FL 34202
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DO NOT WRITE IN THIS SPACE



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0032431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEDERMAN, PAUL
 8227 MARKET ST SALON, INC.
 BRADENTON, FL 34202

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 \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000075004 03/03/04-80042-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEDERMAN, RONALD H 7155 BOCA GROVE PLACE UNIT 201 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEDERMAN, PAUL E 9912 OLD HYDE PARK PLACE BRADENTON, FL 34202
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)(f), 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: *Paul Lederman* Paul Lederman 2-29-04 941-907-2935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #