

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016570

Entity Name: SALON PHD, INC.

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

9140 S.W. 48 PLACE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

120 NW 122 STREET  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 11-3677624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRIS, KATHRYN  
120 NW 122ND STREET  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARRIS, KATHRYN  
Address: 120 NW 122 STREET  
City-St-Zip: GAINESVILLE, FL 32607

Title: VP ( ) Delete  
Name: HARRIS, RICHARD E  
Address: 120 N.W. 122 STREET  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN HARRIS

PRES

04/28/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date