## 2007 FOR PROFIT CORPORATION ANNUAL REPORT.

## **DOCUMENT # P03000085308**

1. Entity Name
MANE CONCERN SALON, INC.



Principal Place of Business

9059 4 STREET NORTH ST PETERSBURG, FL 33702 Mailing Address

9059 4 STREET NORTH ST PETERSBURG, FL 33702

## FILED Feb 05, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01222007 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0152044

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGER SWARM

SWARM, ROGER M 9059 4 STREET NORTH ST PETERSBURG, FL 33702

## 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 Signature, typed or printed name of registered agent and title ill applicable (NOTE: Registered			egislered Agent	Agen) arginature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finant Trust Fund Contribution.			_		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D SWARM, ROGER M 9059 4 STREET NORTH ST PETERSBURG, FL 33702					02/09/07-80024-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWARM, MARYLIN 9059 4TH ST NORTH SAINT PETERSBURG, FL 33702					
NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.						