## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 21, 2005 08:00 AM **DOCUMENT # P03000148961 Secretary of State** 1. Entity Name SALON PERIDIA, INC. Principal Place of Business Mailing Address 5266 3220 OFFICE PARK BLVD. 5226 OFFICE PARK BLVD. BLDG B STE 206 BLDG B STE 206 BRADENTON, FL 34203 BRADENTON, FL 34203 No Chg-P CR2E034 (10/03) 01292005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0839970 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOND, MELISSA DO NOT WRITE 6305 26TH AVENUE E. BRADENTON, FL 34208 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 if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD THE BOND, MELISSA NAME STREET ADDRESS 6305 26TH AVE. E. CITY-ST-ZIP BRADENTON, FL 34208 000000238069 TITLE 02/21/05-80082-018 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:** 

CITY-ST-7IP

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05 941.504542.

**FILED**