

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000061058**

1. Entity Name  
**A JANET LYNNE SALON, INC.**



Principal Place of Business  
**2150 SADLER RD  
 FERNANDINA BEACH, FL 32034**

Mailing Address  
**2150 SADLER RD  
 FERNANDINA BEACH, FL 32034**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>26-5817180</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROGERS, JANET  
 85225 AMAGANSETT DR.  
 FERNANDINA BEACH, FL 32034**

**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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ROGERS, JANET
STREET ADDRESS	85225 AMAGANSETT DR.
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034

TITLE	O
NAME	ROGERS, MICHAEL
STREET ADDRESS	85225 AMAGANSETT DR.
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034

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	

U000000746116  
 05/16/07-80057-003 150.00

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE**

*Janet Rogers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4.27.07*  
 Date

*548-0106*  
 Daytime Phone #