


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90094 008 \*\*\*150.00

|   |                            |   |         |
|---|----------------------------|---|---------|
| DOCUMENT # P06000133545   |                            |    |         |
| 1. Entity Name<br>HEAD ON IN SALON INC.   |                            |   |         |
| Principal Place of Business<br>3151 CHARTER CLUB DRIVE<br>UNIT F<br>TARPON SPRINGS FL 34688   |                            | Mailing Address<br>3151 CHARTER CLUB DRIVE<br>UNIT F<br>TARPON SPRINGS FL 34688   |         |
| 2. Principal Place of Business - No P.O. Box #<br><i>35253 US Hwy 19 North</i>  |                            | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |                            | Suite, Apt. #, etc.   |         |
| City & State<br><i>Palm Harbor, Florida</i>   |                            | City & State  |         |
| Zip<br><i>34684</i>   | Country<br><i>Pinellas</i> | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><br>GALTO, RAYMOND J<br>3151 CHARTER CLUB DRIVE<br>UNIT F<br>TARPON SPRINGS FL 34688   |                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |         |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                            |   |         |



1st MOORE CR2E034 (10/06)

|                                    |   |
|------------------------------------|---|
| 4. FEI Number<br><i>56-2620357</i> | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|---|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>IOVINELLI-GALTO, ANN M<br>3151 CHARTER CLUB DRIVE #F<br>TARPON SPRINGS FL 34688 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>GALTO, RAYMOND J<br>3151 CHARTER CLUB DRIVE #F<br>TARPON SPRINGS FL 34688 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>GALTO, DOMINIC J<br>3151 CHARTER CLUB DRIVE #F<br>TARPON SPRINGS FL 34688 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Raymond J. Galto* *Raymond J. Galto* *1-28-07* *727-934-5572*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #