

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058994

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** GEORGE RYAN & COMPANY SALON & DAY SPA, INC.

**Current Principal Place of Business:**

2401 PGA BOULEVARD  
SUITE 168  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

2221 WILTON DRIVE  
WILTON MANORS, FL 33305 US

**Current Mailing Address:**

827 ARDMORE RD WEST PALM FL  
WEST PALM, FL 33401 US

**New Mailing Address:**

2221 WILTON DRIVE  
WILTON MANORS, FL 33305 US

**FEI Number:** 20-2576943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONARD, CYNTHIA H  
4400 PGA BOULEVARD  
402  
PALM BEACH GARDENS, FL 33410 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RYAN, GEORGE  
Address: 827 ARDMORE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby 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 all other like empowered.

SIGNATURE: GEORGE RYAN

P

04/28/2011

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

\_\_\_\_\_  
Date