


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2006 8:00 am
Secretary of State

04-27-2006 90174 027 ***150.00

DOCUMENT # P94000073658

1. Entity Name
MR. JOSEPH'S SALON INC.



Principal Place of Business Mailing Address

**310 NE 26TH AVENUE
OCALA, FL 34471** **310 NE 26TH AVENUE
OCALA, FL 34471**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3299179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FINN, TERRI
310 NE 26TH AVENUE
OCALA, FL 34471**

**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: *T. Finn* DATE: 4-15-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when non-stating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS FINN, TERRI 310 NE 26TH AVENUE OCALA, FL 34471
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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: *T. Finn* DATE: 4-15-06 (352)-629-2873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #