

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000073658

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



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

310 NE 26TH AVENUE OCALA, FL 34471 Mailing Address

310 NE 26TH AVENUE OCALA, FL 34471



02192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3299179

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above the obligation	e named entity submits this statement for the pritions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.		(NOT 3			
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registered	d Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FINN, TERRI 310 NE 26TH AVENUE OCALA, FL 34471		U00000726575 05/04/07-80013-005 150.00		
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TITLE NAME STREET ADDRESS CITY STZIP					

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 kite empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07

(352)-629-2823

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