

FROM : LEVERITT

FAX NO. : 727327725

FILED  
Jul 09, 2004 8:00 am  
Secretary of State

07-09-2004 90002 044 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

54060757

DOCUMENT # P95000067277	
1. Entity Name EXCALIBUR STYLING SALON, INC.	



Principal Place of Business 3183 4TH ST N ST PETERSBURG, FL 33704 US	Mailing Address 3183 4TH ST N ST PETERSBURG, FL 33704 US
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**DO NOT WRITE IN THIS SPACE**

07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3333522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  PAUGH, AUDREY E. 3183 4TH ST N ST PETERSBURG, FL 33701
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**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: Audrey E. Paugh AP DATE: 7-1-04

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAUGH, AUDREY E 3183 4TH ST N ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST AMARAL, JEANA T 3183 4TH ST N SAINT PETERSBURG, FL 33704
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	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Audrey Paugh  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-1-04 727 895 2249  
Daytime Phone #

cell - 727-4589581

~~ATTN: [unclear]~~  
Doc. # P95000067277

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We did not  
receive a  
renewal  
notice  
this  
year