


FILED
Jun 25, 2008 8:00 am
Secretary of State

05-23-2008 90019 042 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # P96000079193 |  |
| 1. Entity Name BEFORE & AFTER SALON, INC. | |

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|--|--|
| Principal Place of Business 5327 AIRPORT RD N NAPLES, FL 34109 | Mailing Address 5327 AIRPORT RD N NAPLES, FL 34109 |
|--|--|

66014794


03252008 No Chg-P CRZE034 (11/05)

| | |
|---|--|
| 4. FBI Number 65-0698192 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LANGFORD, GEORGE P
3357 TAMiami TRAIL NORTH
NAPLES, FL 34103**

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 _____ DATE _____
Signature, typed or printed name of registered agent and 234-B resident. (NOTE: Registered Agent signature required when returning)

| | | |
|---|--|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Docton Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|------------------------------------|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVAN, TINA L 250 CARICA RD NAPLES, FL 34108 |
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DO NOT WRITE IN THIS SPACE

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 fees empowered.

SIGNATURE: Tina Levan 6-1-08 President
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Position