

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000023621

**Entity Name:** SALON DOLAN, INC.

**Current Principal Place of Business:**

1450 FLAGLER AVE  
SUITE 9  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1450 FLAGLER AVE  
SUITE 9  
JACKSONVILLE, FL 32207 US

**FEI Number:** 45-4768538

**Certificate of Status Desired:** No

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

SMITH, DOLAN  
1450 FLAGLER AVE  
SUITE 9  
JACKSONVILLE, FL 32207 US

*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

**Officer/Director Detail :**

Title PST  
Name SMITH, DOLAN  
Address 1450 FLAGLER AVE  
SUITE 9  
City-State-Zip: JACKSONVILLE FL 32207

*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:** DOLAN SMITH

**PRESIDENT**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date