

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State -**

**DOCUMENT # 339559**

1. Entity Name  
**CLEO'S BEAUTY SALON, INC.**



Principal Place of Business

**4405 N. LAKE DRIVE  
SARASOTA, FL 34232-8936 US**

Mailing Address

**4405 N. LAKE DRIVE  
SARASOTA, FL 34232-8936 US**



07122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1226427**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOWE, GERTRUDE  
4405 N LAKE DR  
SARASOTA, FL 34232**

**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 Gertrude M Lowe

7-12-07

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retreating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOWE, GERTRUDE
STREET ADDRESS	4405 N LAKE DR
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	VD
NAME	LOWE, WILLIAM L JR
STREET ADDRESS	120 OVERLOOK HGHTS WAY
CITY - ST - ZIP	STOCKBRIDGE, GA 30281
TITLE	D
NAME	TAYLOR, PATRICIA L
STREET ADDRESS	4405 N LAKE DR
CITY - ST - ZIP	SARASOTA, FL
TITLE	SD
NAME	LOWE, CHARLES L
STREET ADDRESS	7150 STRAND CIR.
CITY - ST - ZIP	BRADENTON, FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/18/07-80004-003 550.00

**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 139, 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: Gertrude M Lowe

7-12-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #