

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 404200

1. Entity Name
MISS SALLY C., INC.



Principal Place of Business

12670 NEW BRITTANY BLVD 101
PO BOX DRAWER 06205
FT MYERS, FL 33906

Mailing Address

12670 NEW BRITTANY BLVD 101
PO BOX DRAWER 06205
FT MYERS, FL 33906



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1401065

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COSTELLO, TRUMAN J.
1221 SHADOW LANE
FORT MYERS, FL 33901

**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

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

(NOTE: Registered Agent signature required w/ or reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COSTELLO JR, MURRAY JOHN
STREET ADDRESS	12670 NEW BRITTANY BLVD
CITY - ST - ZIP	FORT MYERS, FL
TITLE	ST
NAME	COSTELLO, TRUMAN J
STREET ADDRESS	1221 SHADOW LN
CITY - ST - ZIP	FT MYERS, FL
TITLE	D
NAME	COSTELLO, CHARLES M
STREET ADDRESS	2627 MCGREGOR BLVD.
CITY - ST - ZIP	FT MYERS, FL
TITLE	DA
NAME	COSTELLO, TRUMAN J.
STREET ADDRESS	1221 SHADOW LANE
CITY - ST - ZIP	FT. MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000122130
04/21/04-80017-010 150.00

**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)(i), 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: *W. J. Costello Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

239-437-0462