

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 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**



02112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1401065**

Applied For  
☐ Not Applicable

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

**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 when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	

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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 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:

*M. J. Costello*  
**M. J. COSTELLO, ST**

**3/14/05**

Date

Daytime Phone #