

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 587751 1. Entity Name EVOLUTION THE SALON SOURCE, INC.	
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Principal Place of Business 5858 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207	Mailing Address 5858 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207
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01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1850294	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 5150 BELFORT RD., BLDG 100 JACKSONVILLE, FL 32256

**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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD TALPALAR, BEN 5858 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TALPALAR, MARK 5858 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TALPALAR, SHARON 5858 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207
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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: MARK TALPALAR 1/25/05 904-731 4177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR