

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H37137	
1. Entity Name PROFESSIONAL SALON SERVICES OF FLORIDA, INC.	

Principal Place of Business 278 TALLEYRAND AVE. JACKSONVILLE, FL 32202	Mailing Address 278 TALLEYRAND AVE. JACKSONVILLE, FL 32202
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DO NOT WRITE IN THIS SPACE



04152006 No Chg-P CR2E034 (11/05)

4. FET Number 59-2480832	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCIOSCIA, JOHN P. 278 TALLEYRAND AVE JACKSONVILLE, FL 32202

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKETSON, CHRIS R 7239 RAMOTH DRIVE JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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05/05/06-80096-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date 4/19/06	Daytime Phone # 904-353-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		