

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J74342

1. Entity Name
THE REGENCY SALON, INC.



Principal Place of Business
6200 COURTNEY CAMPBELL CWY
TAMPA, FL 33607 US

Mailing Address 16528 N. Dale
3355 BEARSS AVE Mabry Hwy,
TAMPA, FL 33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

6. Name and Address of Current Registered Agent

SANDERS, WALTER
3355 BEARSS AVE
TAMPA, FL 33618

16528 N. Dale Mabry Hwy,

Name

Sanders, Walter

Street Address (P.O. Box Number is Not Acceptable)

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

Walter Sanders

Walter Sanders

2/20/05

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME DUNN, GREGORY PAUL
STREET ADDRESS 15803 BRIDGEWATER LANE
CITY-ST-ZIP TAMPA, FL 33624

Delete

TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE

Change

Addition

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:

Gregory Dunn 4/25/05 813 281 1232
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #