

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L27423

Entity Name: SALON II, INC.

FILED  
Feb 06, 2008  
Secretary of State

## Current Principal Place of Business:

14502 NORTH DALE MABRY  
SUITE 101  
TAMPA, FL 336182075

## New Principal Place of Business:

## Current Mailing Address:

14502 NORTH DALE MABRY  
SUITE 101  
TAMPA, FL 336182075

## New Mailing Address:

FEI Number: 59-2982843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMBLER, KEVIN C  
400 NORTH TAMPA ST., PARK TOWER, SUITE 1100  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: THOMASSY, WILLIAM M.,  
Address: 14502 N DALE MABRY #101  
City-St-Zip: TAMPA, FL

Title: DVT ( ) Delete  
Name: THOMASSY, LORI R.,  
Address: 14118 FENNSBURY DRIVE  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI R. THOMASSY

DVT

02/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date