

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

*FILED*  
*Mar 23, 2006 08:00 AM*  
*Secretary of State*  
*Date*  
*Amount \$150.00*

**DOCUMENT # M86167**  
1. Entity Name  
**THE PLAZA SALON, INC.**



Principal Place of Business  
**1700 WELLS ROAD PLAZA  
SUITE 26  
ORANGE PARK FL 32073**

Mailing Address  
**1700 WELLS ROAD PLAZA  
SUITE 26  
ORANGE PARK FL 32073**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2881425** Applied For  
Not Applied

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

6. Name and Address of Current Registered Agent  
**MYERS, SHERREE L  
1700 WELLS RD #26  
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MYERS, SHERREE LYNN</b> <b>1700 WELLS RD #26</b> <b>ORANGE PARK FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000000478892</b> <b>04/08/06-80023-005 150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sherree Myers* **SHERREE L. MYERS, Dir.** **3/14/06** **(904) 269-8771**