


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000029501 1. Entity Name DESIGN SALON OF NAPLES, INC.	
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Principal Place of Business 3758 TAMiami TrL N NAPLES, FL 34103	Mailing Address 3758 TAMiami TrL N NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3636962	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAVES, JUDY 3758 TAMiami TrL N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARTINGTON, MARIA 3758 TAMiami TrL N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FERNANDEZ, STEPHANIE 3758 TAMiami TrL N NAPLES, FL 34103
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Date</small>	Daytime Phone # _____ <small>Daytime Phone #</small>
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