

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000038146

1. Entity Name

TIMOTHY J. SALONS - 01, INC.



Principal Place of Business

3755 MILITARY TRAIL
SUITE A-9
JUPITER, FL 33458

Mailing Address

3755 MILITARY TRAIL
SUITE A-9
JUPITER, FL 33458



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0999405

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOWAK, MARK L ESQ
RUTHERFORD MULHALL & WARGO PA
2600 N MILITARY TRAIL, FOURTH FLOOR
BOCA RATON, FL 33431

**DO NOT WRITE
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)

U00000550258

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

05/13/06-80061-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COFFEY, TIMOTHY
202 2ND LANE
PALM BEACH GARDENS, FL 334181501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CAMPISI, JOSEPH
202 2ND LANE
PALM BEACH GARDENS, FL 334181501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy K. Coffey 4/20/06 561-741-1995

Date

Daytime Phone #