

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90061 039 \*\*\*150.00

**DOCUMENT # P00000053093**

1. Entity Name  
**CAMEO'S NAILS OF OCALA, INC.**



Principal Place of Business

20 SE 16TH AVE  
OCALA, FL 34471

Mailing Address

20 SE 16TH AVE  
OCALA, FL 34471

**00000761**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3651406**

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

SCOTT, CAMEO L  
4110 N.E. 11TH STREET  
OCALA, FL 34470

**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

*Cameo L Scott*

(NOTE: Registered Agent signature required when reinstating)

**1/26/05**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*D Vice President*  
*SCOTT, CAMEO L*  
*~~4110 N.E. 11TH STREET~~ 20 SE 16TH AVE*  
*OCALA, FL 34470*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*President*  
*Michael J. Pando*  
*20 SE 16TH AVE*  
*OCALA, FL 34471*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Cameo L Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/05**

DATE

**352 629 9999**

DAYTIME PHONE #

# ATTACHMENT

# P00000053093  
50009761

Cameo's Salon & Spa  
*"Get Pampered! You Deserve It"*

20 SE 16<sup>th</sup> Avenue  
Ocala, FL 34471-2521  
352.629.9999  
352.351.8725

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January 26, 2005

Division of Corporations  
P.O. Box 6198  
Tallahassee FL 32314

To whom it may Concern,

I will make this as brief as possible. Attached is a copy from our corporate records that had me listed as a secretary in the cooperation, it never appeared on The division of corporations that way I was curious why? I have also made so changes to the corporate structure as noted along with address changes. If you have any questions please call myself or came at 352.629.9999. Thank you for your time in this matter.

Sincerely,



Michael J. Pando