

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90388 009 ***150.00

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1. Entity Name

SAFARI NAILS & SALON SERVICES, INC.



Principal Place of Business

2344 BEE RIDGE RD
#116
SARASOTA FL 34239

Mailing Address

2344 BEE RIDGE RD
#116
SARASOTA FL 34239



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4370 S. Tamiami Tr
320

Suite, Apt. #, etc.

City & State
Sarasota FL

1st MOORE

CR2E034 (10/04)

City & State

Zip

Country

Zip

Country

34231

4. FEI Number

65-1033154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SHERRI L
330 S. ORANGE AVE.
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SPENCER, BECKY
STREET ADDRESS 3606 BENEVA RD., #505
CITY-ST-ZIP SARASOTA FL 34233

TITLE D ☐ Delete
NAME SPENCER, SHEENA
STREET ADDRESS 3606 BENEVA RD., #505
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete
NAME KATHY JO MILES
STREET ADDRESS 2746 HEATHER PLACE
CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NP/D ☐ Change ☒ Addition
NAME KATHY JO MILES
STREET ADDRESS 2746 HEATHER PLACE
CITY-ST-ZIP SARASOTA, FL 34235

TITLE PRES/D ☒ Change ☐ Addition
NAME SPENCER, BECKY
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kathy Jo Miles KATHY JO Miles 3/1/05 941-587-4885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #