

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083019

Entity Name: TRI SALON, INC.

FILED
Feb 07, 2005
Secretary of State

Current Principal Place of Business:

2796 S W MAPP ROAD
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

2796 S W MAPP ROAD
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-1033908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORE, ALBERT
1127 JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

BEVIS, CASSANDRA
2596 SE ALFONSO AVE
PSL, FL 34952 US

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.

SIGNATURE: CASSANDRA BEVIS

02/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALVATORE, ALBERT
Address: 1127 JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: JENNINGS, NEIL
Address: 1127 JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957

Title: D (X) Delete
Name: BEVIS, CASSANDRA K
Address: 2598 SE ALFONSO AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BEVIS, CASSANDRA
Address: 2598 SE ALFONSO AVE
City-St-Zip: PSL, FL 34952 US

Title: D (X) Change () Addition
Name: SALVATORE, ALBERT
Address: 1127 JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CASSANDRA BEVIS

D

02/07/2005

Electronic Signature of Signing Officer or Director

Date