

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000083019

Entity Name: TRI SALON, INC.

**FILED**  
**Jun 22, 2010**  
**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:**

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

**Name and Address of New Registered Agent:**

BEVIS, CASSANDRA  
2598 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:

Electronic Signature of Registered Agent

06/22/2010

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: CASSANDRA BEVIS

PRES

06/22/2010

Electronic Signature of Signing Officer or Director

Date