

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004410

Entity Name: INN STYLE SALON, INC.

FILED  
Jan 12, 2009  
Secretary of State

## Current Principal Place of Business:

172 ROYAL PALM DRIVE  
MARCO ISLAND, FL 34145

## New Principal Place of Business:

## Current Mailing Address:

172 ROYAL PALM DRIVE  
MARCO ISLAND, FL 34145

## New Mailing Address:

FEI Number: 65-1068830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KROPIK, LENORA  
140 GULF STREAM STREET  
MARCO ISLAND, FL 34145 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BICEK, CATHY  
Address: 269 RIVERWOOD RD.  
City-St-Zip: NAPLES, FL 34114

Title: VP ( ) Delete  
Name: KROPIK, LEONORA  
Address: 140 GULF STREAM STREET  
City-St-Zip: MARCO ISLAND, FL 34145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CATHY BICEK

P

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date