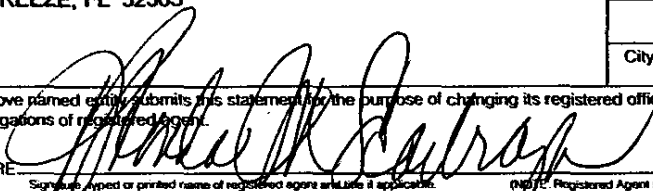
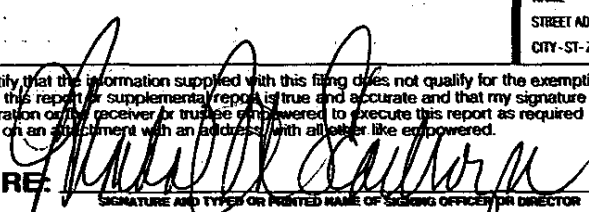


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90715 015 ***150.00

DOCUMENT # P01000033618 1. Entity Name MARLA'S SALON OF GULF BREEZE, INC.					
Principal Place of Business 3355 GULF BREEZE PKWY GULF BREEZE, FL 32563			Mailing Address 2633 GULF BREEZE PKWY. GULF BREEZE, FL 32561		
2. Principal Place of Business 3337 Gulf Breeze Pkwy		3. Mailing Address 3337 Gulf Breeze Pkwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3719262	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCARBROUGH, RHONDA 1680 COLLEGE PKWY GULF BREEZE, FL 32563				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:  DATE: 4/25/04 (Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating))					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCARBROUGH, RHONDA 3355 GULF BREEZE PKWY GULF BREEZE, FL 32563	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDRESS 3337 Gulf Breeze Pkwy	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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: 			4/25/04 (850) 932-4255 Date Daytime Phone #		