


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90097 043 \*\*\*150.00

**DOCUMENT # P01000046373**

1. Entity Name  
**SWEETWATER SALON & SPA, INC.**



Principal Place of Business      Mailing Address

**1294 PUNTA GORDA CIRCLE**      **1294 PUNTA GORDA CIRCLE**  
**WINTER SPRINGS, FL 32708**      **WINTER SPRINGS, FL 32708**

2. Principal Place of Business      3. Mailing Address

**950 N. Central Ave.**      **950 N. Central Ave.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Ste. 5**      **Ste. 5**  
 City & State      City & State  
**Oviedo, FL**      **Oviedo, FL**  
 Zip      Zip      Country      Country  
**32765**      **32765**      **USA**      **USA**

03192004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**59-3718741**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DOWD & ASSOCIATES, P.A.**  
**815 VIRGINIA DR.**  
**ORLANDO, FL 32803**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 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       \$5.00 May Be Added to Fees  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>KENDIG, MIRAMAR</b> <b>1294 PUNTA GORDA CIRCLE</b> <b>WINTER SPRINGS, FL 32708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>Miramar Kendig</b> <b>950 N. Central Ave Ste 5</b> <b>Oviedo, FL 32765</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *X [Signature]*      Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR