

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000083402

Entity Name: SIMONE'S SALON, INC.

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

114 S NOVA RD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

38 MAYFIELD TERRACE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3740141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEISS, SIMONE  
38 MAYFIELD TERRACE  
ORMOND BEACH, FL 32174 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: WEISS, SIMONE  
Address: 38 MAYFIELD TERRACE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPTD  
Name: AHEARN, DENISE A  
Address: 2330 ARABIAN TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

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: SIMONE WEISS

PRES

03/07/2011

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

\_\_\_\_\_  
Date