

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90010 025 ***150.00

DOCUMENT # P01000121648

1. Entity Name

SALVATORE'S HAIR & NAIL DESIGN, INC.



Principal Place of Business

**3877 SE LAKE WEIR AVE.
OCALA FL 34480**

Mailing Address

**1128 SE 35TH AVE.
OCALA FL 34471**

2. Principal Place of Business

3. Mailing Address

6159 SE 39th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA, FL.

Zip

Country

Zip

34480

Country

Marion

4. FEI Number

80-0001971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOUSE, COLLEEN M
1128 S E 35TH AVENUE
OCALA FL 34472**

> please note
Just address change
not agent name
change.

Name

House, colleen m

Street Address (P.O. Box Number is Not Acceptable)
6159 SE 39th AVE

City

OCALA, FL.

FL

Zip Code
34480

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 **Colleen M. House**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME HOUSE, COLLEEN M
STREET ADDRESS 1128 S E 35TH AVENUE
CITY-ST-ZIP Ocala FL 34472

TITLE PD ☒ Change ☐ Addition
NAME House, colleen m
STREET ADDRESS 6159 SE 39th AVE
CITY-ST-ZIP Ocala, FL. 34480

TITLE SD ☐ Delete
NAME HOUSE, PHILLIP C
STREET ADDRESS 1128 S E 35TH AVENUE
CITY-ST-ZIP Ocala FL 34472

TITLE SD ☒ Change ☐ Addition
NAME House, Phillip C
STREET ADDRESS 6159 SE 39th AVE
CITY-ST-ZIP Ocala, FL. 34480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Colleen M. House**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04 (352) 622-5433

Date

Daytime Phone #