## 2006 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 09, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P02000053932 02-09-2006 90043 047 \*\*\*150.00 COUNTRYSIDE SALON, INC. Principal Place of Business Mailing Address RUULSGEV 3114 BS ATLANTIC AV 3114 BS ATLANTIC AV DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 01182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 37-1429170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SKELLY, ALYSE M DO NOT WRITE 2917 CARRIAGE DRIVE SOUTH DAYTONA, FL 32119 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SKELLY, ALYSE M NAME 2917 CARRIAGE DR STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIPEET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

FILED

Daytime Phone #