


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000057229</b> 1. Entity Name <b>PUTTIN ON THE RITZ SALON, INC.</b>	
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Principal Place of Business <b>9011 PARK BLVD UNIT 210 SEMINOLE, FL 33777</b>	Mailing Address <b>9011 PARK BLVD UNIT 210 SEMINOLE, FL 33777</b>
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04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0446898</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BEULIGMANN, L. LYNETTE  
9011 PARK BLVD UNIT 210  
SEMINOLE, FL 33777**

**DO NOT WRITE 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and SW if applicable (NOTE: Registered Agent signature required when reinstating)

U00000357021  
05/04/05 09057 010 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTS BEULIGMANN, L. LYNETTE 9011 PARK BLVD #210 SEMINOLE, FL 33777</b>
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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 files empowered.

SIGNATURE: L Lynette Beuligmann President 4/27/05 1727-458-7743  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR