

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000063472

1. Entity Name  
SALON PARK AVENUE INC.



Principal Place of Business

1177 PARK AVENUE STE T3  
ORANGE PARK, FL 32073

Mailing Address

1177 PARK AVENUE STE 13  
ORANGE PARK, FL 32073

**DO NOT WRITE IN THIS SPACE**



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
52-2381948

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCBRIDE, TAKAKO  
4619 PINE AVE  
ORANGE PARK, FL 32003

**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 title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCBRIDE, TAKAKO
STREET ADDRESS	4619 PINE AVE
CITY - ST - ZIP	ORANGE PARK, FL 32003
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000243456  
02/25/05-80042-003 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Takako McBride*

TAKAKO MCBRIDE

7/24/05 (904) 269-4480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #