.4906 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000131717

JAN'S TRENDSETTER SALON, INC.

Principal Place of Business

101 N 4T N US #1, STE 119 FORT PIERCE, FL 34947

Malling Address

101 N 4T N US #1. STE 119 FORT PIERCE, FL 34947

FILED Apr 24, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04072006 No Chg-P		CR2E034 (11/05)			
. FEI Number	· ;		Applied Far		
30-0191	853		Not Applicable		
5. Certificate of	of Status Desired		\$8.75 Additional Fee Regulred		

B. Name and Address of Current Registered Agent

LEE, JENNIFER 1720 TIMBERLAKE DR FT PIERCE, FL 34947

SIGNATURE:

DO NOT WRITE IN THIS SPACE

4-19-06

Daytime Phone 1

the obligat	tions of registered agent.	surpose of changing its registere	ed office or re	gistered agent, or bo	oth, in the State of Florida. I am lamiliar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Cantribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	[· · · · · · · · · · · · · · · · · · ·	<u> </u>	
TITLE NAME STREET ACCIDESS CITY-ST-ZIP	P LEE, JANNIFER 1720 TIMBERLAKE DR FORT PIERCE, FL 34947			:		
TITLE NAME STREET ADDRESS CITY-S1-ZIP					U00000529328 05/05/06-80069-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				:		
Title Name Street address City-St-Zip					•	
12. Thereby certify that the information supplied with this filling does not quality 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 of 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.						

OF SIGNING OFFICER OR DIRECTOR