2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000052013

Entity Name: CIRCLE SALON, INC.

Current Principal Place of Business:

1401 EAST BROWARD BOULEVARD
SUITE 300
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

211 S. CIRCLE
SUITE ONE
SEBRING, FL 33870 US

Current Mailing Address:

1401 EAST BROWARD BOULEVARD
SUITE 300
FORT LAUDERDALE, FL 33301

New Mailing Address:

211 S. CIRCLE
SUITE ONE
SEBRING, FL 33870 US

FEI Number: 20-0991261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DYAL, J. PATRICK
1401 EAST BROWARD BOULEVARD
SUITE 300
FORT LAUDERDALE, FL 33301

Name and Address of New Registered Agent:

MCCOLLUM, JAMES F
129 S. COMMERCE AVENUE
SEBRING, FL 33870 US

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.

SIGNATURE: JAMES F. MCCOLLUM, P.L. 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: METZGER, FRANK L JR.
Address: C/O 404 SOUTHWEST LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL

Title: VD ( ) Delete
Name: WILKERSON, THOMAS
Address: C/O 404 SOUTHWEST LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL

Title: ST (X) Delete
Name: METZGER, MARY K
Address: C/O 404 SOUTHWEST LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: CHAZEN, LOIS
Address: 404 SW LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870 US

Title: VPT (X) Change ( ) Addition
Name: METZGER, FRANK L JR
Address: C/O 404 SOUTHWEST LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS CHAZEN PRES 04/30/2004
Electronic Signature of Signing Officer or Director Date