

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90032 031 ***150.00

DOCUMENT # P04000014339 1. Entity Name SALON J ON THE ISLAND, INC.			
Principal Place of Business 804 B ANASTASIA BLVD ST AUGUSTINE, FL 32080		Mailing Address 804 B ANASTASIA BLVD ST AUGUSTINE, FL 32080	
2. Principal Place of Business 804 B Anastasia		3. Mailing Address 804 B Anastasia	
Suite, Apt. #, etc. B		Suite, Apt. #, etc. FL 32080	
City & State St Augustine FL		City & State St Augustine FL	
Zip 32080		Zip 32080	
Country USA		Country USA	
4. FEI Number 20-0593981		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGUILAR, GILBERT A JR 804 B ANASTASIA BLVD ST AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name JOAN AGUILAR Street Address (P.O. Box Number is Not Acceptable) 804 B ANASTASIA BLVD City ST AUGUSTINE FL Zip Code 32080	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME AGUILAR, GILBERT A JR STREET ADDRESS 804 B ANASTASIA BLVD CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME AGUILAR, JOAN STREET ADDRESS 804 B ANASTASIA BLVD CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE PRESIDENT NAME AGUILAR, JOAN STREET ADDRESS 804 B ANASTASIA BLVD CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	