

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90027 013 ***150.00

DOCUMENT # P04000072003					
1. Entity Name JONI'S PET SALON, INC.					
Principal Place of Business 3404-A S DALE MABRY HWY TAMPA, FL 33629			Mailing Address 3404-A S DALE MABRY HWY TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box # 4522 S. DALE MABRY HWY		3. Mailing Address 4522 S. DALE MABRY HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA FLORIDA		City & State TAMPA FLORIDA		4. FEI Number 20-1081672	
Zip 33611		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUFFY, JOAN M SIGNORIELLO 3404-A S DALE MABRY HWY TAMPA, FL 33629			7. Name and Address of New Registered Agent Name: SIGNORIELLO JOAN M. Street Address (P.O. Box Number is Not Acceptable): 4522 S. DALE MABRY HWY. City: TAMPA FL Zip Code: 33611		
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: <u>Joan M Signoriello</u> 4-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 DPT NAME DUFFY, JOAN M STREET ADDRESS 3404-A S DALE MABRY HWY CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE DPT NAME SIGNORIELLO JOAN M STREET ADDRESS 4522 S DALE MABRY HWY CITY-ST-ZIP TAMPA FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME HONEYMAN, SHERYL S STREET ADDRESS 3404-A S DALE MABRY HWY CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE VS NAME HONEYMAN SHERYL STREET ADDRESS 4522 S DALE MABRY HWY CITY-ST-ZIP TAMPA FL 33611	<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	
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 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 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: <u>Joan M Signoriello</u>			(813) 4-27-07 902-9489		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		