2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
02-28-2005 90189 011 ***150.00

DOCUMENT # P04000072175

1. Entity Name
ANITA'S SALON INC

66009044

Principal Place of Business	Mailing Address
810 EAST ALFRED STREET TAVARES, FL 32788	810 EAST ALFRED STREET TAVARES, FL 32788
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02082005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1076389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Curren[t Registered Agent] ... [7. Name an]d Address of New Registered Agent

OAKES, ANITA J
419 PALM AVENUE
EUSTIA, FL 32726

← PALM AVE ~~IS INCORRECT~~

(P.O. Box Num]ber Is Not Acceptable)

FL Zip Code

NEW Address (Home)

Anita Oakes
1520 Tyringham Rd
Eustis, FL 32726

8. The above named entity submits this statement ... [b]oth, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE

Signature: typed or printed name of registered age[nt]

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550

10. OFFICERS AN[D DIRECTORS] | 11. [ADDITION]S/CHANGES TO OFFICERS AND DIRECTORS IN 11

10.			11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OAKES, ANITA J 810 EAST ALFRED STREET EUSTIS, FL 32788	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Anita J. OAKES Anita J. Oakes 2/24/05 352-742-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #