


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # P04000078692 | |  |
| 1. Entity Name DEE'S SALON INC | | |
| Principal Place of Business 6662 S US HIGHWAY 1 PORT ST LUCIE, FL 34952 US | Mailing Address 4900 PALMETTO DRIVE FT PIERCE, FL 34982 US | |



03032007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 20-1132601 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent MORRISON, DENISE 4900 PALMETTO DRIVE FT PIERCE, FL 34982 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MORRISON, DENISE 4900 PALMETTO DRIVE FT PIERCE, FL 34982 |
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03/26/07-80030-014 150.00

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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: Denise Morrison 3/12/07 772-577-1774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #