

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000105943

**Entity Name:** SALON WEST OF LARGO, INC.

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

833 WEST BAY DRIVE  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

10223 THURSTON GROVES BLVD.  
LARGO, FL 33778

**New Mailing Address:**

833 WEST BAY DRIVE  
LARGO, FL 33770

**FEI Number:** 20-1376596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETERS, LAURA  
10223 THURSTON GROVES BLVD  
LARGO, FL 33778 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PETERS, LAURA  
Address: 10223 THURSTON GROVES BLVD  
City-St-Zip: SEMINOLE, FL 33778

Title: VP  
Name: PETERS, MICHAEL L VP  
Address: 10223 THURSTON GROVES BLVD  
City-St-Zip: SEMINOLE, FL 33778

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL PETERS

VP

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date