


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90037 035 \*\*\*150.00

**DOCUMENT # P04000120584**  
 1. Entity Name  
**SALON AT THE WALK, INC.**



Principal Place of Business      Mailing Address  
**18059 HIGHWOODS PRESERVE PARKWAY**      **10201 QUAILS LANDING AVE.**  
**TAMPA FL 33647**      **TAMPA FL 33647**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For  
**20-1516509**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SCHLAPPIG, BARBARA**  
**10201 QUAILS LANDING AVENUE**  
**TAMPA FL 33647**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 Barbara Schlappig Barbara Schlappig      3/18/05  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering.)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SCHLAPPIG, ARNOLD</b>
STREET ADDRESS	<b>10201 QUAILS LANDING AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL 33647</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>SCHLAPPIG, BARBARA</b>
STREET ADDRESS	<b>10201 QUAILS LANDING AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL 33647</b>
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: A. Schlappig      3/18/05      813 991 9299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #