2008 FOR PROFIT CORPORATION

Jan 30, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000132391** 01-30-2008 90030 020 ***150.00 1. Entity Name **BOB'S SALON MAINTENANCE INC** Principal Place of Business Mailing Address 2846 DAVELL ROAD 2846 DAVELL ROAD JACKSONVILLE, FL 32254 JACKSONVILLE, FL 32254 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1644322 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNGBLOOD, ROBERT M DO NOT WRITE 2846 DAVELL ROAD JACKSONVILLE, FL 32254 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE YOUNGBLOOD, ROBERT M STREET ADDRESS 2846 DAVELL ROAD CITY-ST-ZIP JACKSONVILLE, FL 32254 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 of 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 artag

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