

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-03-2005 90207 001 \*\*\*150.00  
05-03-2005 90207 002 \*\*\*150.00  
SECRETARY OF SP04000134606  
DIVISION OF CORPORATIONS

05 MAY 23 PM 1:59

<b>DOCUMENT # P04000134606</b> 1. Entity Name <b>INDULGE SALON AND SPA, INC.</b>					
Principal Place of Business <b>1826 LAGO VISTA BLVD PALM HARBOR FL 34685</b>			Mailing Address <b>1826 LAGO VISTA BLVD PALM HARBOR FL 34685</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>11-3728302</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GREENBERG, CHRISTINE 1826 LAGO VISTA BLVD PALM HARBOR FL 34685</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GREENBERG, CHRISTINE 1826 LAGO VISTA BLVD PALM HARBOR FL 34685</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <i>Christine Greenberg</i> 3/5/05 727-</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PD</b> Date Daytime Phone #					