

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90246 028 ***150.00

DOCUMENT # P04000138996

1. Entity Name
SALON DIMENSIONS, INC.



Principal Place of Business
**228 NORTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US**

Mailing Address
**5521 WELLFIELD ROAD
NEW PORT RICHEY, FL 34655 US**

50018473



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0884387

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUEPKES, JODILYNN R
5521 WELLFIELD ROAD
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
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 *Jodylynn Luepkes* (NOTE: Registered Agent signature required when reinstating)

4/25/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LUEPKES, JODILYNN R**
STREET ADDRESS **5521 WELLFIELD RD**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **T**
NAME **LUEPKES, JODILYNN R**
STREET ADDRESS **5521 WELLFIELD RD**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **S**
NAME **LUEPKES, JODILYNN R**
STREET ADDRESS **5521 WELLFIELD RD**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #