

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P04000151524**

1. Entity Name  
**FOXY LADY SALON, INC.**



Principal Place of Business  
**209 BEACH RD  
SARASOTA, FL 34242**

Mailing Address  
**209 BEACH RD  
SARASOTA, FL 34242**



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1828849</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**

**EIBLE, BRYAN G  
209 BEACH RD  
SARASOTA, FL 34242**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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

1100000409393  
02/08/06-80095-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<b>EIBLE, BRYAN G 209 BEACH RD SARASOTA, FL 34242</b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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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:** *B. Eible*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06 941-346-5405  
Date Daytime Phone #