


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000001695 1. Entity Name SALON BELLA OF SEMINOLE, INC.	
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Principal Place of Business 6572 SEMINOLE BLVD SEMINOLE, FL 33772 US	Mailing Address 6572 SEMINOLE BLVD SEMINOLE, FL 33772 US
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03032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0775928	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional: Fee Required
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6. Name and Address of Current Registered Agent NORMAN, CAROLANN 10612 LAKE VISTA DR SEMINOLE, FL 33772
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

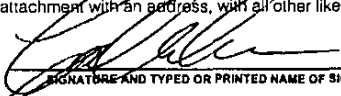
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, CAROLANN 10612 LAKE VISTA DRIVE SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, MICHAEL 10612 LAKE VISTA DRIVE SEMINOLE, FL 33772
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UD00000665893
03/23/07-80048-017 150.00

**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

3-8-07

Date

Daytime Phone #