

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000019628

1. Entity Name

951 NORTH SALONSPA, INC.



Principal Place of Business

15215 COLLIER BLVD.
SUITE 316-317
NAPLES FL 34119

Mailing Address

1687 TRIANGLE PALM TERRACE
NAPLES FL 34119



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-2346395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSICO, MARIA
1687 TRIANGLE PALM TERREACE
NAPLES FL 34119

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Maria Marsico

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent is not a requirement when forming a corporation.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME MARSICO, MARIA
STREET ADDRESS 1687 TRIANGLE PALM TERRACE
CITY- ST- ZIP NAPLES FL 34119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1000000887893
CITY- ST- ZIP 04/21/08-80038-015 150.00

TITLE ☐ Delete
NAME VP
STREET ADDRESS BERDUSCO, JOHN P
CITY- ST- ZIP 245 CEDAR DRIVE WEST
HUDSON WI 54016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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

Maria Marsico

Date

Daytime Phone #

4-2-08 354-4403