


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90178 045 ***150.00

DOCUMENT # P05000062523 1. Entity Name "INDULGENCE" SALON AND SPA, INC.																										
Principal Place of Business 2200 GLADYS STREET #301 LARGO, FL 33774			Mailing Address 2200 GLADYS STREET #301 LARGO, FL 33774																							
2. Principal Place of Business 1572 SHIRLEY PL Suite, Apt. #, etc.		3. Mailing Address 1572 SHIRLEY PL Suite, Apt. #, etc.																								
City & State LARGO, FL		City & State LARGO, FL		4. FEI Number 20-2767816																						
Zip 33770 Country USA		Zip 33770 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent PIPIA, CORIE J 2200 GLADYS STREET #301 LARGO, FL 33774				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1572 SHIRLEY PL City LARGO FL 33770																						
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 <i>X [Signature]</i> X 4-27-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PIPIA, CORIE J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2200 GLADYS STREET #301</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33774</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> Delete	NAME	PIPIA, CORIE J		STREET ADDRESS	2200 GLADYS STREET #301		CITY-ST-ZIP	LARGO, FL 33774		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1572 SHIRLEY PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33770</td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	1572 SHIRLEY PL		CITY-ST-ZIP	LARGO, FL 33770	
TITLE	PSTD	<input type="checkbox"/> Delete																								
NAME	PIPIA, CORIE J																									
STREET ADDRESS	2200 GLADYS STREET #301																									
CITY-ST-ZIP	LARGO, FL 33774																									
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																								
STREET ADDRESS	1572 SHIRLEY PL																									
CITY-ST-ZIP	LARGO, FL 33770																									
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: <i>X [Signature]</i> CORIE J. PIPIA X [Signature] 4-27-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																										

727-417-2470