

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90028 001 \*\*\*150.00

**DOCUMENT # P05000071193**

1. Entity Name

MIKO SALON INC.



Principal Place of Business

880 A1A N STE 12  
PONTE VEDRA BEACH FL 32082

Mailing Address

880 A1A N STE 12  
PONTE VEDRA BEACH FL 32082



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 (10/06)

4. FEI Number 20-2838878

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

MIKO, CAROLYN R  
880 A1A N STE 12  
PONTE VEDRA BEACH FL 32082

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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  
NAME MIKO, CAROLYN R ☐ Delete  
STREET ADDRESS 1361 SYLVIE LN  
CITY- ST- ZIP SAINT AUGUSTINE FL 32095

TITLE  
NAME MIKO, CAROLYN R ☒ Change ☐ Addition  
STREET ADDRESS 1361 SYLVIE LANE  
CITY- ST- ZIP PONTE VEDRA, FL 32081

TITLE  
NAME TS  
STREET ADDRESS ALTIMORE, SHIRLEY G  
CITY- ST- ZIP 1033 NORTH MARSH WIND WAY  
PONTE VEDRA BEACH FL 32082

TITLE  
NAME TS ☒ Change ☐ Addition  
STREET ADDRESS ALTIMORE, SHIRLEY G  
CITY- ST- ZIP SAME

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley G. Altimore TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07 904 826-0197

Date

Daytime Phone #