

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90054 004 ***150.00

DOCUMENT # P05000157796

1. Entity Name
MARIE'S BEAUTY SALON, INC.



Principal Place of Business
**12741 TAMiami TRAIL
NORTH PORT, FL 34287 US**

Mailing Address
**C/O D&K ACCOUNTING & TAX SERVICE, INC.
2335 J 63RD AVENUE EAST
BRADENTON, FL 34203 US**

40068273



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

3. Mailing Address
710 60TH ST. CT. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008 Chg-P CR2E034 (12/06)

City & State

City & State
BRADENTON, FL

4. FEI Number
20-3890000

Applied For
Not Applicable

Zip Country

Zip Country
34208 USA

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

**HECKMAN, DONALD H
2335 J 63RD AVENUE EAST
BRADENTON, FL 34203**

Name

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

710 60TH ST. CT. E.

City

BRADENTON

FL

Zip Code

34208

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

Donald H. Heckman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee will be \$550.00

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 **P**
STREET ADDRESS **DEMILIO-BUCHMAN, MARIE C**
CITY-ST-ZIP **12118 CHANCELLOR BOULEVARD
PORT CHARLOTTE, FL 34287**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Marie C. Demilio-Buchman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08

Date

941-745-1212

Daytime Phone #