

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000165434

**Entity Name:** TAMPA LAWN SALON, INC.

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

P. O. BOX 46674  
TAMPA, FL 33646 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 46674  
TAMPA, FL 33646 US

**New Mailing Address:**

**FEI Number:** 20-4010470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCICCHITANO, JOSEPH  
Address: P.O. BOX 46674  
City-St-Zip: TAMPA, FL 33646 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH SCICCHITANO

P

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date