ANNUAL REPORT

DOCUMENT # P06000069526

1. Enlity Name INSPIRATIONS SALON, INC.



FILED
Jan 15, 2008 08:00 Al
Secretary of State

Principal Place of Business

54223 LEESTONER RD. CALLAHAN, FL 32011

Mailing Address

54223 LEESTONER RD. CALLAHAN, FL 32011



П

DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0592009

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEETON, TAMMY A. 54223 LEESTONER RD. CALLAHAN, FL 32011 DO NOT WRITE
IN THIS SPACE

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, DATE (NOTE: Secistared Acent signature required when minstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPS TITLE KEETON, TAMMY A. NAME 54223 LEESTONER RD. STREET ADDRESS CHY-S1-ZIP CALLAHAN, FL 32011 U00000784700 TITLE 01716708#80065#021#150#00 KEETON, JAMES E. NAME 54223 LEESTONER RD. STREET ADDRESS

> DO NOT WRITE IN THIS SPACE

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 Lam 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:

CUV-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CALLAHAN, FL 32011

January attenter