

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

09-11-2007 90005 050 \*\*\*150.00

DOCUMENT # P06000104581

1. Entity Name  
SPLIT ENZ SALON, INC.



40132001



08292007 Chg-P CR2E034 (12/06)

Principal Place of Business Mailing Address  
1014 SHOREWINDS DR 1014 SHOREWINDS DR  
FORT PIERCE, FL 34959 US FORT PIERCE, FL 34959 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*Split Enz Salon* *Jacqueline Burgess*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
*1014 Shorewinds Dr* *P.O. Box 13612*  
City & State City & State  
*Fort Pierce, FL* *Fort Pierce, FL*  
Zip Country Zip Country  
*34949* *USA* *34979*

4. FEI Number 14-1973425 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BURGESS, JACQUELINE  
3958 OAK HAMMOCK LANE  
FORT PIERCE, FL 34981

7. Name and Address of New Registered Agent  
Name *Same*  
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 *Jacqueline O. Burgess*  
Signature typed printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VP BURGESS, JACQUELINE 3958 OAK HAMMOCK LANE FORT PIERCE, FL 34981	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, S BURGESS, JACQUELINE 3958 OAK HAMMOCK LANE FORT PIERCE, FL 34981	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jacqueline O. Burgess*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *9/2/07* Daytime Phone # *772-828-5020*

ATTACHMENT



40132001

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2007

SPLIT ENZ SALON, INC.  
1014 SHOREWINDS DR  
FORT PIERCE, FL 34949 US

SUBJECT: SPLIT ENZ SALON, INC.  
Ref. Number: P06000104581

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following:

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Carole Anderson  
OPS

Letter Number: 607A00052095

*Please take there  
recognize was need this -  
difficulty with this -  
corp. report.  
I did not receive it by  
mail - they did  
not submit on time  
This is my first  
year in business  
I filed on  
time  
Sincerely  
[Signature]*

40132001

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## Annual Report Online Filing

Document Number P06000104581

Business Entity Name SPLIT ENZ SALON, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 14-11973425?

The zip code was incorrect - for salon.  
Also mail should be sent to the P.O. Box.

Thanks,  
Jacqueline

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address 1014 SHOREWINDS DR (PO Box not acceptable)  
Suite, Apt. #, etc. NORTH BEACH PLAZA  
City, State FORT PIERCE FL  
Zip Code & Country 34959 US

## Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address P.O. Box 13512  
Suite, Apt. #, etc.  
City, State FORT PIERCE FL  
Zip Code & Country 34979 US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) BURGESS JACQUELINE O Ms.

ATTACHMENT

40132001

# P06000104581

- OR -

Business to serve as RA

Street Address In Florida

3958 OAK HAMMOCK LANE

(PO Box not acceptable)

Suite, Apt. #, etc.

City, State

FORT PIERCE

, FL

Zip Code &amp; Country

34981

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Jacqueline O. Burgess*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

## Officer/Director Name And Address

### Name And Address #1

Title

P VP

Name (Last, First, Middle, Title)

BURGESS

JACQUELINE

O

MS.

- OR -

Entity Name to serve as Officer/Director

Street Address

3958 OAK HAMMOCK LANE

City, State

FORT PIERCE

, FL

Zip Code &amp; Country

34981

US

### Name And Address #2

Title

T, S

Name (Last, First, Middle, Title)

BURGESS

JACQUELINE

O

MS.

- OR -

Entity Name to serve as Officer/Director

Street Address

3958 OAK HAMMOCK LANE

City, State

FORT PIERCE

, FL

Zip Code &amp; Country

34981

US

### Name And Address #3

ATTACHMENT

40132001

#P06000104581

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

P

Officer/Director Signature

Jacqueline O. Burgess

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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