

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90037 042 ***158.75

DOCUMENT # P06000137503

1. Entity Name
SALON SASKIA, INC.



Principal Place of Business
**4352 SOUTHSIDE BLVD
SUITE 3
JACKSONVILLE, FL 32216**

Mailing Address
**12588 BRIARMEAD LN
JACKSONVILLE, FL 32258**

40067433



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

3. Mailing Address

4352 SOUTHSIDE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3

City & State

City & State

JACKSONVILLE, FL

Zip

Country

US

Zip

32216

Country

US

02162008

Chg-P

CR2E034 (12/06)

4. FEI Number

90-0313940

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

**PENLAND, SASKIA
12588 BRIARMEAD LN
JACKSONVILLE, FL 32258**

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
PENLAND, SASKIA
12588 BRIARMEAD LN
JACKSONVILLE, FL 32258** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PEREIRA, CHAD H
148 PARKSIDE DRIVE
ST AUGUSTINE, FL 32095** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEREIRA, EDWARD S
233 OAK COMMON AVE
ST AUGUSTINE, FL 32095** ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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: Chad H. Pereira **CHAD H. PEREIRA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08
Date

904-891-2282
Daytime Phone #