


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

4. Apr 28, 2008 8:00 am
Secretary of State

04-03-2008 90022 026 ***150.00

DOCUMENT # P07000054853			
1. Entity Name BABBLE ON SALON, INC.			
Principal Place of Business 17234 SNAPPER LANE SUGARLOAF SHORES, FL 33042		Mailing Address 17234 SNAPPER LANE SUGARLOAF SHORES, FL 33042	
2. Principal Place of Business - No P.O. Box # 22980 Overseas Hwy		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State * Cudjoe Key FL		City & State	
Zip 33042	Country	Zip	Country
6. Name and Address of Current Registered Agent MILLIGAN, CHARLES M. 415 EATON ST. KEY WEST, FL 33040		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MULCHAHY, MARY KAY 17234 SNAPPER LANE SUGARLOAF SHORES, FL 33042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, STEPHANIE 23034 WAHOO LANE CUDJOE KEY, 33 042 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <u>Mary Kay Mulchahy</u> <u>Mary Kay Mulchahy</u> <u>3/17/08</u> <u>305-849-0601</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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02292008 Chg-P CR2E034 (12/06)

4. FEI Number 01-0897141 Applied For Not Applicable

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