

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000055368

Entity Name: RESURRECTIONS SALON, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

2449 US 27 SOUTH
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

6605 OLD OAK AVENUE
SEBRING, FL 33876

New Mailing Address:

FEI Number: 26-2632452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, GEORGE D
6605 OLD OAK AVENUE
SEBRING, FL 33876 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, SCOTT A
Address: 6605 OLD OAK AVENUE
City-St-Zip: SEBRING, FL 33876

Title: VP () Delete
Name: WRIGHT, MARJORIE L
Address: 4601 STURGEON DRIVE
City-St-Zip: SEBRING, FL 33870

Title: SEC () Delete
Name: MARTIN, GEORGE D
Address: 6605 OLD OAK AVENUE
City-St-Zip: SEBRING, FL 33876

Title: TRES () Delete
Name: MARTIN, GEORGE D
Address: 6605 OLD OAK AVENUE
City-St-Zip: SEBRING, FL 33876

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MARTIN, GEORGE D
Address: 6605 OLD OAK AVE.
City-St-Zip: SEBRING, FL 33876

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE D. MARTIN

SEC

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date