

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086449

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** SOUTHERN ROOTS SALON INC

**Current Principal Place of Business:**

5568 PALMER BLVD  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

5824 BEE RIDGE RD  
PMB # 320  
SARASOTA, FL 34233 US

**New Mailing Address:**

2625 PARMA ST  
SARASOTA, FL 34231 US

**FEI Number:** 26-3395797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLS, LINDSEY  
2625 PARMA ST  
SARASOTA, FL 34231 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILLS, LINDSEY  
Address: 2625 PARMA ST  
City-St-Zip: SARASOTA, FL 34231 US

Title: VP  
Name: MILLS, KEEGAN  
Address: 2625 PARMA ST  
City-St-Zip: SARASOTA, FL 34231 US

I hereby 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 all other like empowered.

SIGNATURE: LINDSEY MILLS

PRES

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date