

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000110725

Entity Name: CYNTHIA'S SALON, INC

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2010 SE HWY 19  
SUITE #5  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

2010 SE HWY 19  
SUITE #5  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

FEI Number: 90-0435128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOODENOUGH, JO L  
828 SE 21ST ST  
CRYSTAL RIVER, FL 34429 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: PRES  
Name: GOODENOUGH, JO LEE  
Address: 828 SW 21ST ST  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP  
Name: GLOVER, KIMBERLEY D  
Address: 1009 N CONANT AVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

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: JO LEE GOODENOUGH

PRES

03/02/2010

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

\_\_\_\_\_  
Date