

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079313

Entity Name: SALON 5, INC.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

14333 BEACH BLVD.  
#28  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

105 CLIFFTON CT.  
APT. 407  
PONTE VEDRA, FL 32082 US

**New Mailing Address:**

FEI Number: 45-3185876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JENKINS, ASHLEY  
105 CLIFFTON CT.  
APT. 407  
PONTE VEDRA, FL 32082 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: JENKINS, ASHLEY  
Address: 105 CLIFFTON CT. APT.407  
City-St-Zip: PONTE VEDRA, FL 32082 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: ASHLEY JENKINS

MISS

04/16/2012

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

\_\_\_\_\_  
Date