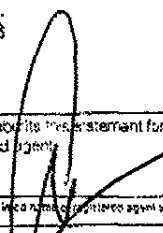
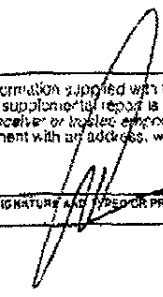


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P94000023031                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                   |  |
| 1. Entity Name<br>SCOTT THOMAS SALON, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                    |  |
| Principal Place of Business<br>18 GOODRICH AVE<br>SARASOTA, FL 34236                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Mailing Address<br>18 GOODRICH AVE<br>SARASOTA, FL 34236                                                           |  |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br>BENJAMIN, ROBERT W<br>1550 RINGLING BLVD.<br>SARASOTA, FL 34236                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | DO NOT WRITE<br>IN THIS SPACE                                                                                      |  |
| 5. 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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | DATE                                                                                                               |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | DO NOT WRITE<br>IN THIS SPACE                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |  |
| P<br>THOMAS, SCOTT<br>18 GOODRICH AVE<br>SARASOTA, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | DATE                                                                                                               |  |



04302004 No Chg. P CR2E034 (10/03)

4. FEI Number: 65-0485942 Applied For: Not Applicable

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

000000149034  
05/03/04-80170-007 150.00