


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90023 035 ***150.00

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| DOCUMENT # P95000023486 |  |
| 1. Entity Name SEA STONE SALON, INC. | |

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| Principal Place of Business 504 S. GULFVIEW BLVD. CLEARWATER BEACH FL 34630 | Mailing Address 504 S. GULFVIEW BLVD. CLEARWATER BEACH FL 34630 |
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| 2. Principal Place of Business 2987 Country Woods Ln. | 3. Mailing Address 2987 Country Woods Lane |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



MOORE CR2E034 (11/03)

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| City & State Palm Harbor, FL | City & State Palm Harbor, FL |
| Zip 34683 | Zip 34683 |
| Country U.S.A. | Country U.S.A. |

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| 4. FEI Number 59-3307925 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MILO, TERRI 2840 W BAY DR #214 LARGO FL 33770 | |
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| 7. Name and Address of New Registered Agent Name Terri Milo Street Address (P.O. Box Number is Not Acceptable) 2987 Country Woods Lane City Palm Harbor FL Zip Code 34683 | |
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| 8. 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 Terri Milo president Terri Milo 3/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MILO, TERRI 504 S. GULFVIEW BLVD CLEARWATER BCH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Terri Milo 2987 Country Woods Lane Palm Harbor, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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. | |
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| SIGNATURE Terri Milo Terri Milo 3/22/04 727-733-9583 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> |
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