


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P95000050517 1. Entity Name THE PHOENIX SALON, INC. |  |
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| Principal Place of Business 3695 54TH AVE. N SAINT PETERSBURG, FL 33714 | Mailing Address 3695 54TH AVE. N SAINT PETERSBURG, FL 33714 |
|---|---|



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 59-3326856 | Applied For Not Applicable |
| 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 MITCHELL, NANCY 3026 2 AVENUE NORTH SAINT PETERSBURG, FL 33713 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000111982
04/14/04-800004-015 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MITCHELL, NANCY 3026 2 AVENUE NORTH SAINT PETERSBURG, FL 33713 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BARIC, RONALD SR. 3026 2ND AVE. N. ST. PETERBURG, FL 33713 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SCHULTZ, JOHN S N2787 HWY. 45 HORTONVILLE, WI 54944 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SCHULTZ, SUSAN L N2787 HWY. 45 HORTONVILLE, WI 54944 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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 any attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Mitchell* - NANCY Mitchell 4-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #