

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90024 044 ***150.00

DOCUMENT # P95000069610

1. Entity Name

TERRENCE MICHAEL SALON, INC.



Principal Place of Business

TERRENCE MICHAEL SALON, INC.
7811 SANDY JOAN BLVD., SUITE 102
FORT MYERS FL 33907
US

Mailing Address

TERRENCE MICHAEL SALON, INC.
7811 SANDY JOAN BLVD., SUITE 102
FORT MYERS FL 33907
US

2. Principal Place of Business

7811 UNIVERSITY POINTE DRIVE

3. Mailing Address

7811 UNIVERSITY POINTE DRIVE

Suite, Apt. #, etc.

SUITE #102

Suite, Apt. #, etc.

SUITE #102

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33907

Country

LEE

Zip

33907

Country

LEE

4. FEI Number

65-0609638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOLAN, LAURA
12359-3 WOODROSE CT
FORT MYERS FL 33-9078

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DOLAN, LAURA
STREET ADDRESS 12359-3 WOODROSE CT
CITY-ST-ZIP FORT MYERS FL 33907

TITLE S ☐ Delete
NAME GRANATO, PATRICIA M.
STREET ADDRESS 20150 SEAGROVE STREET, #2707
CITY-ST-ZIP ESTERO FL 33928

TITLE T ☐ Delete
NAME ROGOSZEWSKI, REBECCA
STREET ADDRESS 1300 SW 47TH STREET
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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.

SIGNATURE: *Patricia M. Granato* PATRICIA M. GRANATO

2-2-04

239/454-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #