2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005
Secretary of State

DOCUMENT# P95000069610

Entity Name: TERRENCE MICHAEL SALON, INC.

Current Principal Place of Business:

7811 UNIVERSITY POINTE DRIVE
STE 102
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

7811 UNIVERSITY POINTE DRIVE
STE 102
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0609638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOLAN, LAURA
12359-3 WOODROSE CT
FORT MYERS, FL 339078 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DOLAN, LAURA
Address: 12359-3 WOODROSE CT
City-St-Zip: FORT MYERS, FL 33907

Title: S ( ) Delete
Name: GRANATO, PATRICIA M.
Address: 20150 SEAGROVE STREET, #2707
City-St-Zip: ESTERO, FL 33928

Title: T ( ) Delete
Name: ROGOSZEWSKI, REBECCA
Address: 1300 SW 47TH STREET
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DOLAN, LAURA
Address: 13983 BENTLY DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: S (X) Change ( ) Addition
Name: GRANATO, PATRICIA M.
Address: 14031 WEST HYDE PARK DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAURA DOLAN P 03/10/2005
Electronic Signature of Signing Officer or Director Date