


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90219 031 \*\*\*150.00

<b>DOCUMENT # P95000087898</b> 1. Entity Name <b>INDEPENDENT SALON RESOURCE, INC.</b>					
Principal Place of Business <b>7301 114 AV N LARGO, FL 33773</b>			Mailing Address <b>7301 114 AV N LARGO, FL 33773</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4042005    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>65-0625650</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>VON ALLMEN, DOUGLAS J</b> <b>#9 ISLA BAHIA</b> <b>FT LAUDERDALE, FL 33316</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>P</b> <b>HAYGOOD, MIKE</b> <b>7301 114 AVEN.</b> <b>LARGO, FL 33773</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HUETHER, KELLY</b> <b>7301 114 AV N</b> <b>LARGO, FL 33773</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>P</b> <b>HAYGOOD, MIKE</b> <b>7301 114 AVEN.</b> <b>LARGO, FL 33773</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>KERSCHNER, ALAN</b> <b>1901 ULMERTON RD 225</b> <b>CLEARWATER, FL 33762</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition     	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FIEGLE, JAMES</b> <b>1901 ULMERTON RD 225</b> <b>CLEARWATER, FL 33762</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition     	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>KAPLAN, PHILIP G</b> <b>168 N. MERAMEC, 4TH FLOOR</b> <b>CLAYTON, MO 63105</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition     	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition     	
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.					
<b>SIGNATURE:</b> <i>Mike Haygood</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-11-05</b> <small>Date</small>		<b>727-544-8861</b> <small>Daytime Phone #</small>