

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90110 049 ***150.00

DOCUMENT # P96000037619					
1. Entity Name PHD SALON, INC.					
Principal Place of Business 102 SECURITY SQUARE CENTER WINTER HAVEN, FL 33880 US		Mailing Address 102 SECURITY SQUARE CENTER WINTER HAVEN, FL 33880 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		PHD SALON INC. 130 Bates Ave. SW Ste. #110 Winter Haven, FL 33880		01112007 Chg-P CR2E034 (12/06)	
City & State				4. FEI Number 59-3394917	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IRWIN, BARBARA A 102 SECURITY SQUARE WINTER HAVEN, FL 33880			Name <u>Barbara A Irwin</u> Street <u>PHD SALON INC. 130 Bates Ave. SW Ste. #110 Winter Haven, FL 33880</u> City <u>FL</u> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTUS, AMY J		NAME	Bonnie Tibbs	
STREET ADDRESS	3851 YOUNG RD		STREET ADDRESS	385 MAGENTA LOOP	
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, BARBARA A		NAME	Barbara A Irwin	
STREET ADDRESS	350 GREENFIELD RD		STREET ADDRESS	135 Lake Region Cir.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECK, SANDRA L		NAME		
STREET ADDRESS	2702 AVENUE U NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, TAMELA F		NAME	Tammy Henry	
STREET ADDRESS	2411 GERBER DAIRY RD.		STREET ADDRESS	3401 COVE CT W	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTIER, KAREN		NAME		
STREET ADDRESS	811 WEST KERON PL		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Blastic Felicia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLASTIC, FELICIA D		NAME		
STREET ADDRESS	1015 ROBIN		STREET ADDRESS	406 Laurel Cove Way	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	WINTER HAVEN, FL 33884	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sandra L Deck</u>		WIP		1-17-07 863-294-4247	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # EXT 21	