

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000037619

Entity Name: PHD SALON, INC.

FILED  
Jan 11, 2009  
Secretary of State

## Current Principal Place of Business:

130 BATES AVE SW STE 110  
WINTER HAVEN, FL 33880 US

## New Principal Place of Business:

## Current Mailing Address:

130 BATES AVE SW STE 110  
WINTER HAVEN, FL 33880 US

## New Mailing Address:

FEI Number: 59-3394917      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IRWIN, BARBARA A  
130 BATES AVE SW STE 110  
WINTER HAVEN, FL 33880 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: D ( ) Delete  
Name: TIBBS, BONNIE  
Address: 385 MAGENTA LOOP  
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete  
Name: IRWIN, BARBARA A  
Address: 135 LAKE REGION CIR  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete  
Name: DECK, SANDRA L  
Address: 2702 AVENUE U NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete  
Name: HENRY, TAMMY  
Address: 3401 COVE CT W  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: FORTIER, KAREN  
Address: 811 WEST KERON PL  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: BLASTIC, FELICIA  
Address: 406 LAUREL COVE WAY  
City-St-Zip: WINTER HAVEN, FL 33884

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA IRWIN

D

01/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date