

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 29, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P96000040016**

1. Entity Name  
**HEAVEN SENT SALON, INC.**



Principal Place of Business  
**1300 DUNMIRE ST  
STE A  
PENSACOLA, FL 32504**

Mailing Address  
**1300 DUNMIRE ST  
STE A  
PENSACOLA, FL 32504**



02192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3378729</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GULSBY, SCOTT  
5732 SANDSTONE DR  
PACE, FL 32571**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000000682731  
04/05/07-80018-003 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	GULSBY, SCOTT
STREET ADDRESS	5732 SANDSTONE DR
CITY-ST-ZIP	PACE, FL 32571

TITLE	P
NAME	GULSBY, PAM K
STREET ADDRESS	5732 SANDSTONE DR
CITY-ST-ZIP	PACE, FL 32571

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 employees.

**SIGNATURE:**

*Sam K. Gulsby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/07 850-969-9408**  
Date Daytime Phone #