

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000047753

Entity Name: MICHELINE HAIR SALON, INC.

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

5035 SOUTH LAKE LAND DRIVE
LAKE LAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

5035 SOUTH LAKE LAND DRIVE
LAKE LAND, FL 33813

New Mailing Address:

FEI Number: 59-3386229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTMAN, STEPHEN H
908 SOUTH FLORIDA AVENUE
STE 102 COLONIAL BLDG.
LAKE LAND, FL 33803 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: WILSON, MICHELINE
Address: 330 SHADOW MOSS COURT
City-St-Zip: LAKE LAND, FL 33813

Title: VP () Delete
Name: SOUTHWELL, COLIN
Address: 330 SHADPW MOSS CT
City-St-Zip: LAKE LAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SOUTHWELL, COLIN
Address: 330 SHADOW MOSS CT
City-St-Zip: LAKE LAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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: WILSON MICHELINE

D

02/15/2006

Electronic Signature of Signing Officer or Director

Date