

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018015

FILED  
Apr 04, 2005  
Secretary of State

Entity Name: CARMICHAEL'S BEAUTY SALON, INC.

## Current Principal Place of Business:

15714 N DALE MABRY HWY  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

1324 SEVEN SPRINGS BLVD  
#176  
NEW PORT RICHEY, FL 34655

## New Mailing Address:

15714 N DALE MABRY HWY  
#176  
TAMPA, FL 33618

FEI Number: 65-1668982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUBLEY & BUBLEY, P.A.  
3820 NORTHDAL BOULEVARD  
SUITE 312B  
TAMPA, FL 33624 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: T ( ) Delete  
Name: GONZALES, CARLOS  
Address: 5216 CORVETTE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: VP ( ) Delete  
Name: POWELL, MICHAEL  
Address: 5216 CORVETTE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: P (X) Delete  
Name: SPEZZA, DAVID  
Address: 8831 BEL-MEADOW WAY  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S (X) Delete  
Name: SPEZZA, DESIREE  
Address: 8831 BEL-MEADOW WAY  
City-St-Zip: NEW PORT RICHEY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/V/P (X) Change ( ) Addition  
Name: GONZALES, CARLOS  
Address: 4620 FOX HUNT DR  
City-St-Zip: TAMPA, FL 33624

Title: P (X) Change ( ) Addition  
Name: POWELL, MICHAEL  
Address: 4620 FOX HUNT DR  
City-St-Zip: TAMPA, FL 33624

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 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 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: CARLOS GONZALEZ

VP

04/04/2005

Electronic Signature of Signing Officer or Director

Date