

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018326

Entity Name: RITZ SALONS INCORPORATED

FILED  
Jan 04, 2005  
Secretary of State

## Current Principal Place of Business:

4550 E HWY 20 EAST  
E  
NICEVILLE, FL 32578

## New Principal Place of Business:

4550 E HWY 20 EAST  
NICEVILLE, FL 32578

## Current Mailing Address:

15 NORWICH CIRCLE  
NICEVILLE, FL 32578

## New Mailing Address:

405 SPICEBUSH COURT  
NICEVILLE, FL 32578

FEI Number: 59-3434812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RITZ, THOMAS A  
15 NORWICH CIRCLE  
NICEVILLE, FL 32578 US

## Name and Address of New Registered Agent:

RITZ, THOMAS A  
405 SPICEBUSH COURT  
NICEVILLE, FL 32578 US

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: \_\_\_\_\_

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RITZ, KAREN J  
Address: 15 NORWICH CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: RITZ, THOMAS A  
Address: 15 NORWICH CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: RITZ, KAREN J  
Address: 405 SPICEBUSH COURT  
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change ( ) Addition  
Name: RITZ, THOMAS A  
Address: 405 SPICEBUSH COURT  
City-St-Zip: NICEVILLE, FL 32578

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: THOMAS A RITZ

V.P.

01/04/2005

Electronic Signature of Signing Officer or Director

Date