

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000030452

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** LESLIE COLLEEN SALON, INC.

**Current Principal Place of Business:**

215 E. MARKS ST.  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

1404 FERRIS AVE  
ORLANDO, FL 32803 US

**Current Mailing Address:**

215 E. MARKS ST.  
ORLANDO, FL 32803 US

**New Mailing Address:**

1404 FERRIS AVE  
ORLANDO, FL 32803 US

**FEI Number:** 59-3440864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COSGROVE, LESLIE  
1570 ANTOINETTE CT  
OVIEDO, FL 32765 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COSGROVE, LESLIE  
Address: 1570 ANTOINETTE CT  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: LESLIE COSGROVE

P

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date