


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90001 027 \*\*\*150.00  
09-01-2004 90004 005 \*\*\*408.75

|  |   |
|--|---|
| <b>DOCUMENT # P97000074831</b><br>1. Entity Name<br><b>SALON SEBOJ, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>385 HWY 98, STE 80<br/>DESTIN, FL 32541</b> | Mailing Address<br><b>385 HWY 98, STE 80<br/>DESTIN, FL 32541</b> |
|---|---|

**54071210**



08022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3469018</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|  |
|--|
| 8. Name and Address of Current Registered Agent<br><br><b>SHARPE, PATRICIA A<br/>385 HWY 98, STE 80<br/>DESTIN, FL 32541</b> |
|--|

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

|  |   |
|--|---|
| <b>10. OFFICERS AND DIRECTORS</b>              |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SHARPE, PATRICIA A<br/>385 HWY 98, STE 80<br/>DESTIN, FL 32541</b><br><i>Clay Patricia J</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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 empowered.

SIGNATURE: *Patricia A Sharpe* *Patricia J Clay* **9-30-04 (850) 451-1599**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Department of Health • Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

2003 ML 001084 S

(APPLICATION NUMBER)

Attachment  
54071210  
#P97000074831

CERTIFIED A TRUE  
(STATE FILE NUMBER)  
AND CORRECT COPY

CLERK CIRCUIT COURT  
NEW/MA/C. BRACKIN

SY

DEPUTY CLERK

DATE

APPLICATION TO MARRY

|  |                        |   |  |
|--|------------------------|---|--|
| 1. GROOM'S NAME (First, Middle, Last)<br>RONNY ALLEN CLAY      |                        | 2. DATE OF BIRTH (Month, Day, Year)<br>10/30/1946 |  |
| 3a. RESIDENCE - CITY, TOWN, OR LOCATION<br>DESTIN              | 3b. COUNTY<br>OKALOOSA | 3c. STATE<br>FLORIDA                              | 4. BIRTHPLACE (State or Foreign Country)<br>ARKANSAS   |
| 5a. BRIDES NAME (First, Middle, Last)<br>PATRICIA JENNY SHARPE |                        | 5b. MAIDEN SURNAME (if different)<br>ARANA        | 6. DATE OF BIRTH (Month, Day, Year)<br>07/24/1961      |
| 7a. RESIDENCE - CITY, TOWN, OR LOCATION<br>DESTIN              | 7b. COUNTY<br>OKALOOSA | 7c. STATE<br>FLORIDA                              | 8. BIRTHPLACE (State or Foreign Country)<br>NEW MEXICO |

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED  
ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE  
NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

|   |  |
|---|--|
| 9. SIGNATURE OF GROOM (Sign and print name using black ink)<br><i>Ronny Allen Clay</i>  | 10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)<br>06/02/2003        |
| 11. TITLE OF OFFICIAL<br>DEPUTY CLERK   | 12. SIGNATURE OF OFFICIAL (Use black ink)<br><i>Brandi A Newsome</i> |
| 13. SIGNATURE OF BRIDE (Sign full name using black ink)<br><i>Patricia Jenny Sharpe</i> | 14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)<br>06/02/2003        |
| 15. TITLE OF OFFICIAL<br>DEPUTY CLERK   | 16. SIGNATURE OF OFFICIAL (Use black ink)<br><i>Brandi A Newsome</i> |

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM  
A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS, THIS LICENSE MUST  
BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

|   |                                       |   |                                   |
|---|---------------------------------------|---|-----------------------------------|
| 17. COUNTY ISSUING LICENSE<br>OKALOOSA                            | 18. DATE LICENSE ISSUED<br>06/02/2003 | 18a. DATE LICENSE EFFECTIVE<br>06/05/2003 | 19. EXPIRATION DATE<br>08/01/2003 |
| 20a. SIGNATURE OF COURT CLERK OR JUDGE<br><i>Brandi A Newsome</i> |                                       | 20b. TITLE<br>CLERK OF THE COURTS         | 20c. BY D.C.<br><i>bln</i>        |

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

|  |  |
|--|--|
| 21. DATE OF MARRIAGE (Month, Day, Year)<br><i>June 7, 2003</i>                                     | 22. CITY, TOWN, OR LOCATION OF MARRIAGE<br><i>Faith Assembly Destin FL 32550</i> |
| 23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)<br><i>Rev Toy R Arnett</i>            | 23c. ADDRESS (of person performing ceremony)<br><i>306 Gerome Detroit AL</i>     |
| 23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY<br>(If pastor, state)<br><i>Rev Toy R Arnett</i> | 24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)<br><i>Delina R. Vis</i>     |
|  | 25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)<br><i>Rev Toy R Arnett</i>  |

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

|     |                            |          |                                       |  |   |  |
|-----|----------------------------|----------|---------------------------------------|--|---|--|
| GRO | 26. SOCIAL SECURITY NUMBER | 27. RACE | 28. WERE YOU EVER PREVIOUSLY MARRIED? | IF ANSWER IS "YES" TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c |   |  |
|     |                            |          |                                       | 29a. NO. OF THIS MARRIAGE  | 29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) | 29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) |
| BR  |                            |          |                                       |  |   |  |

Attachment  
**DESTINBANK**  
The Financial Centre

www.destinbank.com

(850) 837-8100

#P97000074831

540.7240

To Whom it may concern:

The reason my payment  
is late, I was in the  
process of moving. I've  
had my business 7 yrs, and  
never been late.  
Thank you for assistance.

Patricia J. Cleary

P.S. Also, married.



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 11, 2004

SALON SEBOJ, INC.  
385 HWY 98, STE 80  
DESTIN, FL 32541

SUBJECT: SALON SEBOJ, INC.  
Ref. Number: P97000074831

We have received your document for SALON SEBOJ, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00. If a certificate of status is desired, please add an additional \$8.75

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 304A00049846