

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90278 011 \*\*\*150.00

**DOCUMENT # P97000082337**

1. Entity Name  
**SALON 911, INC.**



Principal Place of Business  
**1003 E ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**1003 E ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3472528**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHANKS, BRYAN  
1003 E ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$150.00**

**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHANKS, BRYAN  
STREET ADDRESS 1003 E ALTAMONTE DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 ☐ Delete

TITLE TD  
NAME SHANKS, DOUGLAS  
STREET ADDRESS 1003 E ALTAMONTE DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 ☒ Delete

TITLE SD  
NAME FERRARI, CLARISSA  
STREET ADDRESS 134 PALM DR  
CITY-ST-ZIP DEBARY, FL 32713 ☒ Delete

TITLE SD  
NAME FERRARI, CLARISSA  
STREET ADDRESS 134 PALM DR  
CITY-ST-ZIP DEBARY, FL 32713 ☒ Delete

TITLE D  
NAME SHANKS, ALENA  
STREET ADDRESS 1003 E ALTAMONTE DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04 407.981-1099