## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000007580

1. Entity Name

THOMAS & COMPANY SALON, INC.



Principal Place of Business

1515 S FEDERAL HWY

13133 FEDERAL RW

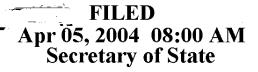
BOCA RATON, FL 33432

Mailing Address

1515 S FEDERAL HWY

117

BOCA RATON, FL 33432





DO NOT WRITE IN THIS SPACE 04012004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0809634 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTI, THOMAS J JR 780 SAINT ALBANS DRIVE BOCA RATON, FL 33486

## DO NOT WRITE IN THIS SPACE

				114	ITIIS 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 ill applicable (NOTE. Registered Agent				required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, PATTIE J 780 ST ALBANS DR BOCA RATON, FL 33486		<u>.</u>		U00000102619 04/05/04-80024-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANDIES, PATTI 780 ST ALBANS DR BOCA RATON, FL 33486				04703704-00024-005 130.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. hereby c	hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 319.07(3)(f), Florida Statutes. I further certify that the information					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Forda Statutes, if urther 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 asprequired by Chapter 607, Floring statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Floring statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Floring statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Floring statutes.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/09

954782-456C