

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000009531

1. Entity Name

SALON ASSOCIATES, INC.



Principal Place of Business

**4815 MANATEE AVE W
BRADENTON FL 34209**

Mailing Address

**4815 MANATEE AVE W
BRADENTON FL 34209**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0810316**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLT, SHERI R
9604 CORTEZ RD STE 126
BRADENTON FL 34210**

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, if applicable,

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	HOLT, SHERI	
STREET ADDRESS	9604 CORTEZ RD. #126	
CITY-STATE-ZIP	BRADENTON FL 34210	
TITLE	VP	☐ Delete
NAME	HOLT, ADRICK L	
STREET ADDRESS	9604 CORTEZ RD. #126	
CITY-STATE-ZIP	BRADENTON FL 34210	
TITLE	SO	☐ Delete
NAME	HOLT, SHERI R	
STREET ADDRESS	9604 CORTEZ RD. #126	
CITY-STATE-ZIP	BRADENTON FL 34210	
TITLE	SXT	☐ Delete
NAME	HOLT, ADRICK L	
STREET ADDRESS	9604 CORTEZ RD. #126	
CITY-STATE-ZIP	BRADENTON FL 34210	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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02/13/08-80054-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Sheri Holt* **SHERI HOLT** **1-31-08 941-794-1818**