2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017933

Entity Name: LTL SALON, INC.

City-St-Zip:

FILED Apr 26, 2005 Secretary of State

y		O14, 1140.					
Current Principal Place of Business:				New Principal Place of Business:			
4610 JOG RD. GREEN ACRES CITY, FL 33463				715 SW RUSTIC CIR STUART, FL 34997			
Current Mailing Address:				New Mailing Address:			
4610 JOG RD. GREEN ACRES CITY, FL 33463				715 SW RUSTIC CIR STUART, FL 34997			
FEI Number:	: 65-0814873	FEI Number Applied For ()	FEI Numbe	r Not Appli	icable ()	Certificat	e of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LORD, LOLA THERESA 4610 JOG ROAD GREENACRES CITY, FL 33463 US				LORD, LOLA THERESA 715 SW RUSTIC CIRCLE STUART, FL 34997 US			
	named entity e of Florida.	submits this statement for the	purpose of ch	nanging it	ts registered	office or re	egistered agent, or both,
SIGNATURE:				04/26/2005			
	Electro	nic Signature of Registered Ag	ent			[Date
Election Car	mpaign Financir	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PSTD (LORD, LOLA 1 715 SW RUST STUART, FL 3	IC CIRCLE	Ad	le: me: dress: y-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	DV (LORD, ROBER 715 SW RUST STUART, FL 3	IC CIRCLE	Ad	le: me: dress: y-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	() Delete	Ad	le: me: dress: :y-St-Zip:	PSTD (LORD, LOLA 715 SW RUS STUART, FL	TIC CIRCLE	X) Addition
Title: Name: Address:	() Delete		le: me: dress:	DV (LORD, ROBE 715 SW RUS		X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

STUART, FL 34997

SIGNATURE: LOLA THERESA LORD PSTD 04/26/2005