


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90009 018 \*\*\*150.00

<b>DOCUMENT # P98000032243</b>	
1. Entity Name ROCK N' ROLL SALON, INC.	

Principal Place of Business 530 SUNCOAST BLVD CRYSTAL RIVER, FL 34429	Mailing Address 530 SUNCOAST BLVD CRYSTAL RIVER, FL 34429
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 530 N Suncoast Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Crystal River, FL
Zip	Country 34429 Citrus

40094400

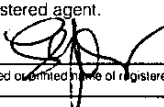


04192007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3568836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KNIPP, LILLIAN <del>530 SUNCOAST BLVD</del> 530 N Suncoast Blvd CRYSTAL RIVER, FL 34429	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

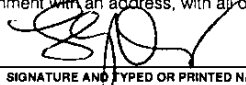
SIGNATURE:  DATE: 4/20/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARWELL, LILLIAN 460 N FLORIDA AVE INVERNESS, FL 530 N Suncoast Blvd Crystal River, FL 34429	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Desantis, Diane Secretary 530 N Suncoast Blvd Crystal River, FL 34429	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE: 4/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT 40094483  
Division of Corporations

**Annual Report**

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Document Number P98000032243  
Business Entity Name ROCK N' ROLL SALON, INC.  
FEI Number 593568836  
FEI Number Status  
Certificate of Status Desired No  
Election-Campaign Financing Trust Fund Contribution No

**Principal Place of Business**

Address ~~530 SUNCOAST BLVD~~  
Suite, Apt. #, etc.  
City, State CRYSTAL RIVER, FL  
Zip Code & Country 34429

530 N Suncoast Blvd

**Mailing Address**

Address ~~530 SUNCOAST BLVD~~  
Suite, Apt. #, etc.  
City, State CRYSTAL RIVER, FL  
Zip Code & Country 34429

530 N Suncoast Blvd

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) KNIPP, LILLIAN  
Address ~~530 SUNCOAST BLVD~~  
Suite, Apt. #, etc.  
City, State CRYSTAL RIVER, FL  
Zip Code & Country 34429 US  
Registered Agent Signature LILLIAN Y KNIPP

530 N Suncoast Blvd

**Officer/Director Name and Address**

Title DP  
Name (Last, First, Middle, Title) KNIPP, LILLIAN, Y  
Street Address ~~530 SUNCOAST BLVD~~  
City, State CRYSTAL RIVER, FL  
Zip Code & Country 34429

530 N Suncoast Blvd.

Continue

ATTACHMENT

40094483

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#P98000032243

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