

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90002 043 \*\*\*150.00

**DOCUMENT # P98000056731**

1. Entity Name  
**MICHELLE'S SALON, INC.**



Principal Place of Business  
**5230-11 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32217**

Mailing Address  
**5230-11 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32217**

04000738



07042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3518585</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NEWTON, CLIFFORD B  
10192 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32257**

**DO NOT WRITE  
IN THIS 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SPENCE, MICHELLE D 5230-11 BAYMEADOWS ROAD JACKSONVILLE, FL 32217</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Michelle D Spence*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/5/04 (904) 7370022*  
Date Daytime Phone #

~~Attachment~~

5406075-8

#P98000056731

MICHELLE'S SALON, INC.  
5230-11 Baymeadows Road  
Jacksonville, Florida 32217

July 5, 2004

Division of Corporations  
P. O. Box 6198  
Tallahassee, Florida 32314-6198

Re: Annual Report for 2004  
59-3518545

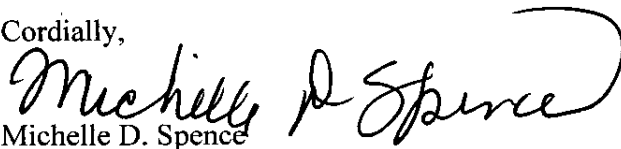
Dear Sir or Madam:

We are in receipt of your postcard informing us that we did not file our annual report. We called Tallahassee and were informed that postcards were mailed to announce that filing was due by April 30, 2004. We did not receive this postcard and we didn't get the usual form to file. As a result we did not file the report timely.

We are submitting the completed form now, along with the original cost and request a waiver for the late fee. We apologize for the delay, but we were unaware of the change in the procedure. Michelle's Salon, Inc. has filed all annual reports in a timely manner since the business was established in 1998. We hope that our previously unblemished record with the Division of Corporations will be considered in the decision making.

Please advise us of our next step. We appreciate your help in this matter

Cordially,

  
Michelle D. Spence  
President

slw