

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076406

FILED
May 01, 2005
Secretary of State

Entity Name: ATTITUDES, INC. A SALON

Current Principal Place of Business:

801 SOUTH WASHINGTON ST.
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

801 SOUTH WASHINGTON ST.
PERRY, FL 32347

New Mailing Address:

FEI Number: 59-3535344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSEY, ALANA B
3635 CASH ROAD
PERRY, FL 32348 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASSEY, ALANA B
Address: 3635 CASH RD
City-St-Zip: PERRY, FL 32348

Title: S () Delete
Name: BAUMGARDNER, BARBARA C
Address: 147 KINGFISHER LANE
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ALANA B. MASSEY

PRES

05/01/2005

Electronic Signature of Signing Officer or Director

Date