


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90008 009 \*\*\*150.00

**DOCUMENT # P99000005455**

1. Entity Name  
**FINLEY & PHILLIPS SALON, INC.**



Principal Place of Business      Mailing Address  
 1125 4TH ST N                      3662 24TH AVE.,N.  
 SAINT PETERSBURG, FL 33701      ST.PETERSBURG, FL 33713

77003036



2. Principal Place of Business      3. Mailing Address *Circle*  
 Suite, Apt. #, etc.                      *6286 Rock Creek*  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

01162004      Chg-P      CR2E034 (10/03)

City & State                      City & State  
    *Ellenton, FL*

4. FEI Number                      Applied For  
**59-3556626**                      Not Applicable

Zip                      Country                      Zip                      Country  
*34222-3911*

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

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

**FINLEY, PAUL**  
 3662 24TH AVE.,N. *6286 Rock Creek Circle*  
 ST.PETERSBURG, FL 33713 *ELLENTON, FL*  
    *34222-3911*

**7. Name and Address of New Registered Agent**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	FINLEY, PAUL	
STREET ADDRESS	3662 24TH AVE.,N.	
CITY-ST-ZIP	ST.PETERSBURG, FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, MICHELLE	
STREET ADDRESS	3662 24TH AVE.,N.	
CITY-ST-ZIP	ST.PETERSBURG, FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>6286 Rock Creek Circle</i>	
CITY-ST-ZIP	<i>ELLENTON, FL 34222-3911</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>6286 Rock Creek Circle</i>	
CITY-ST-ZIP	<i>ELLENTON, FL 34222-3911</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Paul J. Finley (Paul J. Finley)*      1-20-04      727 826 6583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #