


FILED
Mar 08, 2005 8:00 am
Secretary of State

02-01-2005 90041 011 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000005455 1. Entity Name FINLEY & PHILLIPS SALON, INC.	
--	---

Principal Place of Business 1125 4TH ST N SAINT PETERSBURG, FL 33701	Mailing Address 6286 ROCK CREEK CIRCLE ELLENTON, FL 34222-3911
---	---

66003796



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3556626	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FINLEY, PAUL 6286 ROCK CREEK CIRCLE ELLENTON, FL 34222-3911	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
---	--

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 re-issuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FINLEY, PAUL
STREET ADDRESS	6286 ROCK CREEK CIRCLE
CITY-ST-ZIP	ELLENTON, FL 342223911
TITLE	D
NAME	PHILLIPS, MICHELLE
STREET ADDRESS	6286 ROCK CREEK CIRCLE
CITY-ST-ZIP	ELLENTON, FL 342223911
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: *Paul J. Finley* Date: 3/4/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #