


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

02-27-2006 90068 004 ***150.00

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



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

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

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

8. Name and Address of Current Registered Agent
FINLEY, PAUL
6286 ROCK CREEK CIRCLE
ELLENTON, FL 34222-3911

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	D FINLEY, PAUL 6286 ROCK CREEK CIRCLE ELLENTON, FL 342223911
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, MICHELLE 6286 ROCK CREEK CIRCLE ELLENTON, FL 342223911
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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: *Paul Finley* *Michelle Phillips* *3-21-06* *59-3556626*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #