

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # S03917

1. Entity Name  
SALON FORTY-FOUR, INC.



**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
277 US HWY ONE  
TEQUESTA, FL 33469

Mailing Address  
277 US HWY ONE  
TEQUESTA, FL 33469



01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0217384	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**

PHILHOWER, TERRY LEE  
277 US HWY ONE  
TEQUESTA, FL 33469

**DO NOT WRITE  
IN THIS SPACE**

I, 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 *TERRY PHILHOWER*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/27/06*

**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	PTD
NAME	PHILHOWER, TERRY LEE
STREET ADDRESS	9227 SE MAST TERRACE
CITY - ST - ZIP	HOBE SOUND, FL 33455

TITLE	VSD
NAME	PHILHOWER, KIM ANN
STREET ADDRESS	9227 SE MAST TERRACE
CITY - ST - ZIP	HOBE SOUND, FL 33455

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/11/06-80050-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 rights like and empowered.

SIGNATURE:

*TERRY PHILHOWER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/27/06* *561-746-4748*  
Date Daytime Phone #