


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90055 029 ***150.00

DOCUMENT # S24525	
1. Entity Name JVK SALON, INC.	

Principal Place of Business 6220 S ORNAGE BLOSSOM TR SUITE 607 ORLANDO FL 32809	Mailing Address 6220 S ORNAGE BLOSSOM TR SUITE 607 ORLANDO FL 32809
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2. Principal Place of Business 6220 S. Orange Blossom Tr. Suite, Apt. #, etc. Suite 607 City & State Orlando FL Zip 32809 Country orange	3. Mailing Address 6220 S. Orange Blossom Tr. Suite, Apt. #, etc. Suite 607 City & State Orlando FL Zip 32809 Country orange
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent SCHICK, DAVID L 301 E PINE STREET SUITE 1400 ORLANDO FL 32801	
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4. FEI Number 59-3044268	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME REESE, KONNIE L STREET ADDRESS 6220 S ORANGE BLSM TR CITY-ST-ZIP ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME BENDER, VALERIE S STREET ADDRESS 6220 S ORANGE BLSM TR CITY-ST-ZIP ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BRIGGS-TOPERZER, JODI STREET ADDRESS 6220 S ORANGE BLSM TR CITY-ST-ZIP ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: KONNIE L REESE **3/2/04** **407-240-3838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #