



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # V02611</b><br>1. Entity Name<br><b>SALON NICHOLAS II, INC.</b>   |   |   |  |
| Principal Place of Business<br><b>2229 FIRST STREET<br/>FORT MYERS, FL 33901</b>   |   | Mailing Address<br><b>2229 FIRST STREET<br/>FORT MYERS, FL 33901</b>   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |  |
|  |   | 02192006 No Chg-P CRZE034 (11/05)  |  |
|  |   | 4. FEI Number<br><b>65-0323621</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
|  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                            |  |
| 8. Name and Address of Current Registered Agent<br><br><b>ORTINO, NICHOLAS A<br/>2229 FIRST STREET<br/>FORT MYERS, FL 33901</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |  |
| 6. 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 registering) _____ DATE _____  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>1100000402525<br/>03/21/06-80039-003 150.00</b>     |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PVD<br/>ORTINO, NICHOLAS A<br/>1415 BAYVIEW COURT<br/>FORT MYERS, FL</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |
| 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: <u>Nicholas A. Ortino</u> <b>NICHOLAS A. ORTINO</b>   |   | <u>3/6/06</u> <b>239-334-1311</b>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | DATE   | Daytime Phone #  |