

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # V33352

1. Entity Name
SERENITY SALON & SPA, INC.



Principal Place of Business
**10109 MONTAGUE ST
TAMPA, FL 33626 US**

Mailing Address
**10109 MONTAGUE ST
TAMPA, FL 33626 US**

DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3124412

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOX, THOMAS P
401 E KENNEDY BLVD
TAMPA, FL 33602**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'CONNELL, DANIEL
STREET ADDRESS	10317 LIGHTNER BRIDGE DR
CITY-ST-ZIP	TAMPA, FL 33626

TITLE	VD
NAME	O'CONNELL, JENNIFER
STREET ADDRESS	10317 LIGHTNER BRIDGE DR
CITY-ST-ZIP	TAMPA, FL 33626

TITLE	
NAME	
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CITY-ST-ZIP	

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02/04/05-80017-009 150.00

**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: Jennifer O'Connell 2/2/05 813-857-2997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #