

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000100869

**Entity Name:** ECLIPS SALON INC.

**Current Principal Place of Business:**

819 VIRGINIA DR  
ORLANDO, FL 32803

**Current Mailing Address:**

819 VIRGINIA DR  
ORLANDO, FL 32803 US

**FEI Number:** 20-3163816

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BAKER, COLLEEN OVP  
8320 MARGARITA DR  
ORLANDO, FL 32817 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	BAKER, ERIC L	Name	BAKER, COLLEEN O
Address	819 VIRGINIA DR	Address	819 VIRGINIA DR
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERIC L. BAKER

**PRESIDENT**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date