

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079313

**Entity Name:** SALON 5, INC.

**Current Principal Place of Business:**

14333 BEACH BLVD.  
#28  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

105 CLIFFTON CT.  
APT. 407  
PONTE VEDRA, FL 32082 US

**FEI Number:** 45-3185876

**Certificate of Status Desired:** Yes

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

JENKINS, ASHLEY  
105 CLIFFTON CT.  
APT. 407  
PONTE VEDRA, FL 32082 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  
Name JENKINS, ASHLEY  
Address 105 CLIFFTON CT. APT.407  
City-State-Zip: PONTE VEDRA FL 32082

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:** ASHLEY JENKINS

**OWNER**

**03/24/2013**

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

\_\_\_\_\_  
Date