

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004012

Entity Name: EMPIRE BEAUTY SCHOOL INC.

FILED  
Feb 07, 2006  
Secretary of State

**Current Principal Place of Business:**

396 POTTSVILLE/ST. CLAIR HIGHWAY  
POTTSVILLE, PA 17901

**New Principal Place of Business:**

**Current Mailing Address:**

396 POTTSVILLE/ST. CLAIR HIGHWAY  
POTTSVILLE, PA 17901

**New Mailing Address:**

FEI Number: 23-1523654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOUMAN, MICHAEL D  
Address: 396 POTTSVILLE/ST. CLAIR HIGHWAY  
City-St-Zip: POTTSVILLE, PA 17901

Title: C ( ) Delete  
Name: SCHOENEMAN, FRANKLIN K  
Address: 396 POTTSVILLE/ST. CLAIR HIGHWAY  
City-St-Zip: POTTSVILLE, PA 17901

Title: D ( ) Delete  
Name: SINNENBERG, JOHN  
Address: 396 POTTSVILLE/ST. CLAIR HIGHWAY  
City-St-Zip: POTTSVILLE, PA 17901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL D. BOUMAN

P

02/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date