

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 423975

1. Entity Name
LO-BEV BEAUTY BAR OF CLEARWATER, INC.



Principal Place of Business
1046 W BUSCH BLVD
SUITE 200
TAMPA, FL 33612 US

Mailing Address
1046 W BUSCH BLVD
SUITE 200
TAMPA, FL 33612 US



04272005 No Chg-P CR2E034 (10/03)

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4. FEI Number **59-1471511** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KASS, BEVERLY
1301 ANGLERS LANE
LUTZ, FL 33549

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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 NAME STREET ADDRESS CITY-ST-ZIP	PD KASS, BEVERLY 1301 ANGLERS LANE LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BOOTH, BARBIE 19902 ANGEL LANE ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EPPERSON, VICKIE 5111 GARDEN VALE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/02/05-80099-014 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
 Date **4/25/05** Daytime Phone # **8139324400**