


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90173 004 \*\*\*150.00

**DOCUMENT # 491742**

1. Entity Name  
**ELECTRIC SHAVER SERVICE OF FLORIDA, INC.**



<b>Principal Place of Business</b>	<b>Mailing Address</b>
7976 SEMINOLE BLVD SUITE 3 SEMINOLE, FL 34642-4826	9232 120TH WAY N SEMINOLE, FL 33772 US

40059823

Ⓢ = = = = P)

**DO NOT WRITE IN THIS SPACE**

03222007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1639613</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCCARTY, LAWRENCE W.**  
9232 120TH WY N  
SEMINOLE, FL 33772

**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 the applicable. (NOTE: Registered Agents signature required when re-instating) DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCCARTY, HELEN
STREET ADDRESS	7976 SEMINOLE BLVD #3
CITY - ST - ZIP	SEMINOLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Helen McCarty* 03/30/07 (727-398-5221)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #