## \_\_2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # F05000001178**

1 Entity Name

PERFECT TOUCH OF ALABAMA, INC.



FILED Jul 28, 2006 08:00 AN Secretary of State

Principal Place of Business

P.O. BOX 45

THORSBY, AL 35171-0045

Mailing Address

P.O. BOX 5947 DESTIN, FL 32540



CR2F034 (11/05)

Daytime Phone #

## DO NOT WRITE IN THIS SPACE

01202000					
4. FEI Number			Applied For		
63-12611	173		Not Applicab		

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

No Cha-P

07202006

6. Name and Address of Current Registered Agent
WEIMORTS, MICHAEL L ESQ.

4507 FURLING LANE, STE. 209 DESTIN, FL 32541

SIGNATURE: 3

## 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 litle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWIII FEE IS \$550.00  Due by September 6, 2006  9. Election Campaign Finar Trust Fund Contribution.		ng 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P FRANCES GAIL SMITH P.O. BOX 5947 DESTIN, FL 32540				U000005725 <b>4</b> 3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	07/28/06-80002-007 550.00	
NAME STREET ADDRESS						
CITY+ST-ZIP		* *** ***		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN :	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE			•		•	
NAME			,	•		
STREET ADDRESS		l	•			
CITY-ST-ZIP				,		
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.						