

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90035 005 \*\*\*150.00

**DOCUMENT # F93000005258**

1. Entity Name  
**AESTHETICS, INC. OF DELAWARE**



Principal Place of Business  
**2561 NURSERY ROAD  
CLEARWATER, FL 33764 US**

Mailing Address  
**2561 NURSERY ROAD  
SUITE D  
CLEARWATER, FL 33764 US**

**94047725**



2. Principal Place of Business  
**1514 Midnight Pass Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 6442**  
Suite, Apt. #, etc.

04012004 Chg-P CR2E034 (10/03)

City & State  
**Clearwater**

City & State  
**Clearwater**

4. FEI Number  
**59-3202506**  
Applied For  
Not Applicable

Zip  
**7L**  
Country  
**33764**

Zip  
**7L**  
Country  
**33758**

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

6. Name and Address of Current Registered Agent

**SPRINGER, GEORGE  
2561 NURSERY ROAD  
SUITE D  
CLEARWATER, FL 33765**

7. Name and Address of New Registered Agent

Name  
**George SPRINGER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1827 OAK LAKE DRIVE**  
City  
**Clearwater** **FL** Zip Code  
**33764**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD  
SPRINGER, GEORGE  
1827 OAK LAKE DR.  
CLEARWATER, FL 34624** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**corrected  
zip code only 33764** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
LUND, STEVEN  
1514 MIDNIGHT PASS  
CLEARWATER, FL 34625** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**corrected  
zip code only 33765** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REED, RENE  
1770 BRAXTON BRAGG LANE  
CLEARWATER, FL 34625** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**corrected  
zip code only 33765** ☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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

Date

Daytime Phone #

**4-504**