

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # H94807

1. Entity Name
MIRACLE STRIP BODY SHOP, INC.



Principal Place of Business
**318 RACETRACK RD NW
FORT WALTON BEACH, FL 32547-1554 US**

Mailing Address
**318 RACETRACK RD NW
FORT WALTON BEACH, FL 32547-1554 US**



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2628526

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HELMICH, KEVIN M
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME ULLRICH, RICHARD
STREET ADDRESS 318 RACETRACK ROAD NW
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE VD
NAME DESTAVEN, JAMES
STREET ADDRESS 1201 THOMASON DR.
CITY-ST-ZIP FT WALTON BCH, FL

TITLE STD
NAME FISH, SYLVIA
STREET ADDRESS 108 DOLPHIN ROAD
CITY-ST-ZIP MARY ESTHER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000683270
04/05/07-80038-004 158.75

**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:

Sylvia Fish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvia Fish

3/29/07
Date

850-862-8212
Daytime Phone #