

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90028 022 ***150.00

DOCUMENT # K18585

1. Entity Name
BODY SHOP EXPRESS, INC.



Principal Place of Business

**155 112 BULL RUN AVE
OSTEEN, FL 32764 US**

Mailing Address

**155 112 BULL RUN AVE
OSTEEN, FL 32764 US**

00007205



2. Principal Place of Business

155 1/2 BULL RUN AVE

3. Mailing Address

155 1/2 BULL RUN AVE

Suite, Apt. #, etc:

Osteen

Suite, Apt. #, etc:

Osteen FL

City & State

FL

City & State

Osteen FL

Zip

32764

Country

US

Zip

32764

Country

US

03232006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2879530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, ALBERT M.
155 BULL RUN AVE.
OSTEEN, FL 32764**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**P
NAME
MARTIN, ALBERT M.
STREET ADDRESS
155 BULL RUN AVE
CITY-ST-ZIP
OSTEEN, FL 32764**

TITLE ☐ Delete

**ST
NAME
MARTIN, JANICE M.
STREET ADDRESS
155 BULL RUN AVE
CITY-ST-ZIP
OSTEEN, FL 32764**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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.

SIGNATURE:

JANICE M MARTIN **JANICE M. MARTIN** **3-27-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #