

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90027 040 \*\*\*150.00

**DOCUMENT # M89608**

1. Entity Name  
INSPIRATIONAL ELEGANCE, INC.



Principal Place of Business  
12788 INDIAN ROCKS RD.  
LARGO, FL 33774

Mailing Address  
12788 INDIAN ROCKS RD.  
LARGO, FL 33774

50000835



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2894906

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ARRINGTON, BARBARA M.  
12788 INDIAN ROCKS RD.  
LARGO, FL 33774

**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 D  
NAME ARRINGTON, BARBARA M.  
STREET ADDRESS 12788 INDINA ROCKS RD.  
CITY-ST-ZIP LARGO, FL 33774

TITLE D  
NAME GREEN, JULIA  
STREET ADDRESS 12788 INDIAN ROCK RD.  
CITY-ST-ZIP LARGO, FL 33774

TITLE D  
NAME PALM, MELANIE  
STREET ADDRESS 12788 INDIAN ROCKS RD.  
CITY-ST-ZIP LARGO, FL 33774

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:** *Barbara M. Arrington* **BARBARA M ARRINGTON** 1/15/07 727.595-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #