

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000003745

1. Entity Name  
SANIBEL BEAUTIFICATION, INC.



Principal Place of Business  
P.O. BOX 1011  
SANIBEL, FL 33957

Mailing Address  
P.O. BOX 1011  
SANIBEL ISLAND, FL 33957



01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

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

SHISSLER, ADA  
888 LIMPET DRIVE  
SANIBEL ISLAND, FL 33957

**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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	BOSWELL, BILL MR.
STREET ADDRESS	1167 SAND CASTLE
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	PD
NAME	SHISSLER, ADA MS
STREET ADDRESS	888 LIMPET
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	VD
NAME	HART, CHARLES
STREET ADDRESS	1191 MIDDLE GULF DRIVE
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	MCNEILL, NANCY
STREET ADDRESS	926 WHELK DRIVE
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	SD
NAME	SIRKIN, JOYCE
STREET ADDRESS	930 PECTER COURT
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001384164  
01/20/06-80059-021 61.25

**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 617, 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

WILLIAM B. BOSWELL, TACALMAN 1/2/06 (237) 472-0100

Date

Daytime Phone #