

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 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**



01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 *Ada L. Shissler*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

1/21/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	S
NAME	STALEY, DEBBIE
STREET ADDRESS	1560 PENWINKLE WAY
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	MUSGRAVE, CAROLYN
STREET ADDRESS	1859 FARM TRAIL
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 *William E. Boswell* **WILLIAM E. BOSWELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/08 (237) 472-0100

Daytime Phone #