2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N00000003745

Entity Name: SANIBEL BEAUTIFICATION, INC.

Current Principal Place of Business:

P.O. BOX 1011
SANIBEL, FL 33957

New Principal Place of Business:

888 LIMPET DRIVE
SANIBEL, FL 33957

Current Mailing Address:

P.O. BOX 1011
SANIBEL ISLAND, FL 33957

New Mailing Address:

PO BOX 1011
SANIBEL, FL 33957

FEI Number: 65-1021035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHISSLER, ADA
888 LIMPET DRIVE
SANIBEL ISLAND, FL 33957 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	BOSWELL, BILL MR.	
Address:	1167 SAND CASTLE	
City-St-Zip:	SANIBEL, FL 33957 LE	
Title:	PD	( ) Delete
Name:	SHISSLER, ADA MS	
Address:	888 LIMPET	
City-St-Zip:	SANIBEL, FL 33957 LE	
Title:	VD	( ) Delete
Name:	HART, CHARLES	
Address:	1191 MIDDLE GULF DRIVE	
City-St-Zip:	SANIBEL, FL 33957 LE	
Title:	S	( ) Delete
Name:	STALEY, DEBBIE	
Address:	1560 PENWINKLE WAY	
City-St-Zip:	SANIBEL, FL 33957	
Title:	D	( ) Delete
Name:	MUSGRAVE, CAROLYN	
Address:	1859 FARM TRAIL	
City-St-Zip:	SANIBEL, FL 33957	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	STALEY, DEBBIE	
Address:	1560 PERIWINKLE WAY	
City-St-Zip:	SANIBEL, FL 33957	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADA SHISSLER PRES 02/11/2009
Electronic Signature of Signing Officer or Director — Date