

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90075 027 ****61.25

DOCUMENT # N05000001985

1. Entity Name
HARBOR LAKES BEAUTIFICATION GROUP, INC.



Principal Place of Business
**455 WINDING WILLOW DRIVE
PALM HARBOR, FL 34683 US**

Mailing Address
**455 WINDING WILLOW DRIVE
PALM HARBOR, FL 34683 US**

50001424



2. Principal Place of Business - No P.O. Box #
2267 Harbor Pointe Place
Suite, Apt. #, etc.

3. Mailing Address
2267 Harbor Pointe Place
Suite, Apt. #, etc.

03102008 Chg-NP CR2E037 (12/06)

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

4. FEI Number
20-2017977

Applied For
Not Applicable

Zip
34683

Country
Pinellas

Zip
34683

Country
Pinellas

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

6. Name and Address of Current Registered Agent

**KING, KELLY
455 WINDING WILLOW DRIVE
PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent

Name
Tokos, Kathy

Street Address (P.O. Box Number is Not Acceptable)
2267 Harbor Pointe Place

City
Palm Harbor

FL Zip Code
34683

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 **Kathy Tokos**

Kathy Tokos

3-20-08

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **TR KING, KELLY** ☒ Delete
STREET ADDRESS **455 WINDING WILLOW DR**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE
NAME **TR TOKOS, KATHY** ☐ Change ☒ Addition
STREET ADDRESS **2267 HARBOR POINTE PLACE**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE
NAME **TR SMITH, KATHY** ☐ Delete
STREET ADDRESS **444 WINDING WILLOW DR**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **TR FISHMAN, ROBERT** ☐ Delete
STREET ADDRESS **101 WINDING WILLOW DR**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **TR WATERS, WILLIAM G.** ☐ Change ☒ Addition
STREET ADDRESS **2236 LAKEVIEW TERRACE**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 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: **Kathy Tokos**

Kathy Tokos

3-20-08

727-787-0933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 11742-9003

ATTACHMENT

50001424
#NO 5000001985

003173.156606.0019.001 1 AB 0.301 862

|||||


HARBOR LAKES BEAUTIFICATION GROUP
% KELLY KING
455 WINDING WILLOW DR
PALM HARBOR FL 34683

Date of this notice: 12-30-2004

Employer Identification Number:
20-2017977

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-2017977. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.

ATTACHMENT

50001424

March 20, 2008

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Att: **HARBOR LAKES BEAUTIFICATION GROUP, INC.**
Document No. N05000001985

Gentlemen:

Enclosed please find the 2008 Annual Report for the above entity together with the required filing fee of \$61.25.

Please note that the FEI Number as contained in your records is incorrect. The tax I.D. number for this entity is 20-2017977 and the purpose of this correspondence is to request that you correct same in your system. I enclose a copy of the Notice of Taxpayer Identification Number as issued by the IRS for your use in making this change.

Please feel free to contact the undersigned should you have any questions.

Very truly yours,

Kathy R. Tokos

Kathy R. Tokos
Trustee

encs.