

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-08-2007 90018 028 ***150.00

DOCUMENT # P00000003189

1. Entity Name
PROFESSIONAL IMAGE CONSULTANTS, INC.



Principal Place of Business
2437 OLD COACH TRAIL
CLEARWATER FL 33765

Mailing Address
2437 OLD COACH TRAIL
CLEARWATER FL 33765



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3613015

Applied For
☐ Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSH, SHELLEY
~~3132 DOWNING CT~~
CLEARWATER FL 33759

Name

Street Address (P.O. Box Number is Not Acceptable)

2437 Old Coach Tr
Clearwater, FL

City

FL

Zip Code 33765

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

Shelley A. Rush

Shelley A. Rush

2/26/07

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	RUSH, SHELLEY	2040 SCHERRER DR SUITE 430	ST PETERSBURG FL 33716	☐
				☐
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☒ Addition
	P D	2437 Old Coach Tr.	Clearwater, FL 33765	☒	☒
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Shelley A. Rush
Shelley A. Rush
President

3/17/07

727-245-7721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #