

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000016832

1. Entity Name
SHAPES AND SHADES PERSONAL IMAGE CENTER, INC.



Principal Place of Business
**3843 AVALON PARK EAST BLVD.
ORLANDO, FL 32828**

Mailing Address
**1772 SPARKLING WATER CIR.
OCOE, FL 34761**

FILED
Mar 23, 2005 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

03132005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0549506

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LONG, ROBERT A
1772 SPARKLING WATER CIR.
OCOE, FL 34761**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LONG, ROBERT A
STREET ADDRESS	1772 SPARKLING WATER CIR.
CITY-ST-ZIP	OCOE, FL 34761
TITLE	D
NAME	LONG, REBECCA S
STREET ADDRESS	1772 SPARKLING WATER CIR.
CITY-ST-ZIP	OCOE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000273486
03/23/05-80029-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert A Long ROBERT A-LONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/05
Date

407-281-0808
Daytime Phone #