

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000055725

1. Entity Name
LS SIMPLY NATURAL SPA, INC.



FILED
Apr 26, 2004 08:00 AM
Secretary of State

Principal Place of Business
13625 LINDEN DRIVE
SPRING HILL, FL 34609

Mailing Address
13625 LINDEN DRIVE
SPRING HILL, FL 34609



DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
41-2041069 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANTO, LUCREZIA
2383 GLENRIDGE DRIVE
SPRING HILL, FL 34609

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000129848
04/26/04-80094-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SANTO, LUCREZIA
STREET ADDRESS 2383 GLENRIDGE DRIVE
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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:

Lucrezia Santo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUCREZIA SANTO

04/21/04 352-688-8859

Date

Daytime Phone #