

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/24

FILED
Feb 28, 2006 8:00 am
Secretary of State

01-24-2006 90018 004 ***150.00

DOCUMENT # P02000055725	
1. Entity Name LS SIMPLY NATURAL SPA, INC.	

Principal Place of Business 13625 LINDEN DRIVE SPRING HILL, FL 34609	Mailing Address 13625 LINDEN DRIVE SPRING HILL, FL 34609
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

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

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANTO, LUCREZIA 2383 GLENRIDGE DRIVE SPRING HILL, FL 34609
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IN THIS SPACE**

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 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: <u>Lucrezia Santo</u>	Date <u>01/16/06</u>	Daytime Phone # <u>352-688-8859</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		