

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90148 032 \*\*\*150.00

**DOCUMENT # P02000090927**

1. Entity Name

THEA'S SKIN CARE & DAY SPA, INC.



Principal Place of Business

1241 E NORVELL BRYANT HWY  
HERNANDO, FL 34442

Mailing Address

2135 W LABONTE CIR  
BEVERLY HILLS, FL 34465



02122006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

54-2072676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEITH, THEA J  
2135 W LABONTE CIR  
BEVERLY HILLS, FL 34465

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	KEITH, THEA J
STREET ADDRESS	2135 W LABONTE CIRCLE
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	P
NAME	KEITH, THEA J
STREET ADDRESS	2135 W LABONTE CIRCLE
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	SEC. ITRES.
NAME	KEITH, KERRY
STREET ADDRESS	2135 W LABONTE CIRCLE
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Thea J. Keith* THEA J. KEITH

3-26-06

352-726-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #