


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000039830 1. Entity Name NAPLES ELITE BEAUTY, INC.	
---	---

Principal Place of Business 542 11TH STREET NORTH NAPLES, FL 34102	Mailing Address 542 11TH STREET NORTH NAPLES, FL 34102
--	--



04232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1687669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAWTHORNE, ROBERT A 3522 SE 5TH PLACE CAPE CORAL, FL 33904

**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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMOLEON, MARIE J 318 OSPREY LANDING APT 1904 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMOLEON, WIDLI J 318 OSPREY LANDING APT 1904 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMOLEON, JACQUELIN C 318 OSPREY LANDING APT 1904 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMOLEON, DARLINE 318 OSPREY LANDING APT 1904 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000362536
05/05/05-80122-011 150.00

**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)(f), 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: Marie J Timoleon 04-30-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #