


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000093478	
1. Entity Name ADVANCED HAIR REMOVAL & SKIN INSTITUTE, INC.	

Principal Place of Business 8714 NW 176TH TERR ALACHUA, FL 32615	Mailing Address 8714 NW 176TH TERR ALACHUA, FL 32615
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08112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1201498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRASINGTON, JESSICA 176TH TERRACE ALACHUA, FL 32615		U00000574612 08/17/06-80005-005 150.00
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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 *Jessica A. Brasington* (NOTE: Registered Agent signature required when reinstating) **8-15-06** DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASINGTON, JESSICA 8714 NW 176TH TERR ALACHUA, FL 32615
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Jessica A. Brasington* **Jessica A. Brasington** **8-15-06** **352-331-6797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #