

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90022 014 ***150.00

DOCUMENT # P03000107295	
1. Entity Name CHRYSLIS INSTITUTE OF BEAUTY INC.	

Principal Place of Business 9764 GLEN HERON DRIVE BONITA SPRINGS FL 34135	Mailing Address 9764 GLEN HERON DRIVE BONITA SPRINGS FL 34135
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 81-0633975	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BONITA TAX PROFESSIONALS, INC. 1813 PRINCESS CT NAPLES FL 34110	
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7. Name and Address of New Registered Agent	
Name BONITA TAX PROFESSIONALS	
Street Address (P.O. Box Number is Not Acceptable) 26721 DUBLIN WOODS CIRCLE, Ste #1	
City BONITA SPRINGS	FL Zip Code 34135

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 *Michael B. Gandy* (NOTE: Registered Agent signature required when reinstating) DATE 2/7/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DOBOSH, CHERYL 9764 GLEN HERON DRIVE BONITA SPRINGS FL 34135
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Cheryl Dobosh* 2-23-07 239-495-6789
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #