

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90075 050 ***150.00

DOCUMENT # P03000146520

1. Entity Name

DAVID KINSER SPAS, INC.



Principal Place of Business

1809 MICCOSUKEE COMMONS BLVD
SUITE 108
TALLAHASSEE, FL 32308

Mailing Address

1809 MICCOSUKEE COMMONS BLVD
SUITE 108
TALLAHASSEE, FL 32308

40052643



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0479509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLOVER, RICHARD A
1809 MICCOSUKEE COMMONS DRIVE
SUITE 108
TALLAHASSEE, FL 32308

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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

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME KINSER, DAVID
STREET ADDRESS 24524 LANIER ST
CITY - ST - ZIP TALLAHASSEE, FL 32310

TITLE D
NAME KINSER, KAREN
STREET ADDRESS 24524 LANIER ST
CITY - ST - ZIP TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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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:

David Kinser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #