

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90536 035 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000151800

1. Entity Name
SIGNATURE AESTHETICS, INC.



Principal Place of Business
**2801 WEST CERVANTES STREET
PENSACOLA, FL 32503**

Mailing Address
**2801 WEST CERVANTES STREET
PENSACOLA, FL 32503**

50046316



2. Principal Place of Business

2801 East Cervantes St
Suite, Apt. #, etc.

3. Mailing Address

2801 East Cervantes St
Suite, Apt. #, etc.

City & State
Pensacola Florida
Zip
32503 Country

City & State
Pensacola Florida
Zip
32503 Country

04262005 Chg-P CR2E031 (10/03)

4. FEI Number
59-3481979 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KING, JAMES W JR.
945 WEST MICHIGAN AVENUE STE 5B
PENSACOLA, FL 32505**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 is required when adding agent)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	D			
	SCOTT, BRADFORD A	5734 PEBBLE VIEW	MILTON, FL 32583	
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 **ESD-437-1800**

DATE

SIGNATURE