

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000006107

1. Entity Name
ESCAPE SALON & SPA, INC.



Principal Place of Business
**300 TAMIAMI TRAIL SOUTH
NOKOMIS, FL 34275**

Mailing Address
**300 TAMIAMI TRAIL SOUTH
NOKOMIS, FL 34275**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1222791	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

**APPEL, STEVE R
1207 COLUMBINE ROAD
VENICE, FL 34293**

**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 _____ (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	PTSD
NAME	APPEL, DARLENE
STREET ADDRESS	1207 COLUMBINE ROAD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	VP
NAME	APPEL, STEVEN
STREET ADDRESS	1207 COLUMBINE ROAD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/06-80019-001 150.00

**DO NOT WRITE
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: *Darlene Appel* *Darlene Appel* *1/25/06 (941) 485 0677*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #