

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90034 010 \*\*\*150.00

|   |                          |  |   |  |  |
|---|--------------------------|--|---|--|--|
| <b>DOCUMENT # P04000084114</b><br>1. Entity Name<br><b>SHE SPA INTERNATIONAL, INC.</b>  |                          |  |   |  |  |
| Principal Place of Business<br><b>1123 US HWY 27 SOUTH<br/>SEBRING, FL 33870 US</b>   |                          |  | Mailing Address<br><b>4127 LOQUAT ROAD<br/>SEBRING, FL 33875 US</b> |  |  |
| 2. Principal Place of Business  |                          | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |                          | Suite, Apt. #, etc.  |   |  |  |
| City & State  |                          | City & State   |   |  |  |
| Zip   | Country                  | Zip  | Country   |  |  |
| 6. Name and Address of Current Registered Agent   |                          |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>JOHNS, TERRI<br/>4127 LOQUAT ROAD<br/>SEBRING, FL 33875</b>  |                          |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____   |                          |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>   |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |                          |  |   |  |  |
| 10. OFFICERS AND DIRECTORS  |                          |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11               |  |  |
| TITLE   | P/S                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>JOHNS, TERRI</b>      |  | NAME  |  |  |
| STREET ADDRESS  | <b>4127 LOQUAT ROAD</b>  |  | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   | <b>SEBRING, FL 33875</b> |  | CITY - ST - ZIP   |  |  |
| TITLE   |                          | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                          |  | NAME  |  |  |
| STREET ADDRESS  |                          |  | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   |                          |  | CITY - ST - ZIP   |  |  |
| TITLE   |                          | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                          |  | NAME  |  |  |
| STREET ADDRESS  |                          |  | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   |                          |  | CITY - ST - ZIP   |  |  |
| TITLE   |                          | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                          |  | NAME  |  |  |
| STREET ADDRESS  |                          |  | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   |                          |  | CITY - ST - ZIP   |  |  |
| TITLE   |                          | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                          |  | NAME  |  |  |
| STREET ADDRESS  |                          |  | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   |                          |  | CITY - ST - ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>TERRI JOHNS</i>   |                          | (TERRI JOHNS) 5/17/05  |   | (863)382-6116  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                          | Date   |   | Daytime Phone #  |  |

66023843



05122005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1193179** Applied For Not Applicable

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