2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000142419

1. Entity Name
FOR THE AESTHETE, INCORPORATED

Principal Place of Business	Mailing Address
4186 ABBEY COURT HAINES CITY, FL 33844	P.O. BOX 1359 HAINES CITY, FL 33845

DO NOT WRITE IN THIS SPACE

04292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
71-0972610	Not Applicable

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

6. Name and Address of Current Registered Agent

KNIGHT, VICTORIA M
4186 ABBEY COURT
HAINES CITY, FL 33844

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE
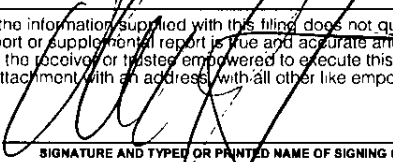
FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000943120
05/29/08-90047-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KNIGHT, VICTORIA M
STREET ADDRESS	4186 ABBEY COURT
CITY-ST-ZIP	HAINES CITY, FL 33844

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   04-28-08   (863) 514-6830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #