

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000145812

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** ELECTROLYSIS TRAINING CENTER OF VOLUSIA COUNTY, INC.

**Current Principal Place of Business:**

217 FLAGLER AVE.  
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

**Current Mailing Address:**

217 FLAGLER AVE.  
NEW SMYRNA BEACH, FL 32169 US

**New Mailing Address:**

**FEI Number:** 20-3707401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MORRIS, MARY PVST  
124 S AMELIA AVENUE  
DELAND, FL 32724 US

**Name and Address of New Registered Agent:**

MORRIS, MARY PVST  
327 WILDER BLVD  
B304  
DELAND, FL 32724 US

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.

**SIGNATURE:**

04/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** MORRIS, MARY  
**Address:** 327 WILDER BLVD B304  
**City-St-Zip:** DAYTONA, FL 32114 US

**Title:** D  
**Name:** MORRIS, MARY  
**Address:** 327 WILDER BLVD B304  
**City-St-Zip:** DAYTONA, FL 32114 US

**Title:** D  
**Name:** MCADAM, LORETTA  
**Address:** 213 RIDGE DR  
**City-St-Zip:** SANFORD, FL 32773 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARY MORRIS

PRES

04/18/2010

Electronic Signature of Signing Officer or Director

Date