

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000165604

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** ALL ABOUT YOU SALON OF LAKE WALES, INC.

**Current Principal Place of Business:**

ONE SCENIC CENTRAL SUITE 100  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

41 SEMINOLE RD.  
BABSON PARK, FL 33827

**New Mailing Address:**

**FEI Number:** 20-3982906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RESPRESS, KEVIN  
41 SEMINOLE RD.  
BABSON PARK, FL 33827 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** RESPRESS, KEVIN D MR  
**Address:** 41 SEMINOLE RD.  
**City-St-Zip:** BABSON PARK, FL 33827

**Title:** PRES  
**Name:** RESPRESS, AMY M MRS  
**Address:** 41 SEMINOLE RD.  
**City-St-Zip:** BABSON PARK, FL 33827

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:** KEVIN D. RESPRESS

VP

06/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date