

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90017 026 ***158.75

DOCUMENT # P06000032025

1. Entity Name

SALON AND SPA AT THE CARLISLE NAPLES, INC.



Principal Place of Business

27123 MATHESON AVE., #107
BONITA SPRINGS FL 34135

Mailing Address

27123 MATHESON AVE., #107
BONITA SPRINGS FL 34135

2. Principal Place of Business - No P.O. Box #

6945 CARLISLE CRT

3. Mailing Address

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34109

Country

COLLIER

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E034 (10/07)

4. FEI Number **20-4337390**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLEY, CHARMAINE C
27123 MATHESON AVE., #107
BONITA SPRINGS FL 34135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Charmaine C. Kelley

(NOTE: Registered Agent signature required when reinstating)

2-26-08

DATE

**FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KELLEY, CHARMAINE C**
CITY-ST-ZIP **27123 MATHESON AVE., #107
BONITA SPRINGS FL 34135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charmaine C. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-08 **239-449-7712**
Date Daytime Phone #