


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State


DOCUMENT # P06000144210

1. Entity Name
 LIDIA'S TOUCH, CUSTOM PROFESSIONAL PET GROOMING INC



| | |
|---|---|
| Principal Place of Business 2634 ROSEHAVEN DRIVE WESLEY CHAPEL, FL 33543 US | Mailing Address 2634 ROSEHAVEN DRIVE WESLEY CHAPEL, FL 33543 US |
|---|---|

DO NOT WRITE IN THIS SPACE



04062008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-5895640 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ARMSTRONG, KEVIN D
 2634 ROSEHAVEN DRIVE
 WESLEY CHAPEL, FL 33543

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

UD00000899299
 04/28/08-80033-018 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SANTANA-ARMSTRONG, LIDIA M 2634 ROSEHAVEN DRIVE WESLEY CHAPEL, FL 33543 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ARMSTRONG, KEVIN D 2634 ROSEHAVEN DRIVE WESLEY CHAPEL, FL 33543 |
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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: Kevin D Armstrong 13Apr208 813-907-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #