

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90006 021 ***550.00

DOCUMENT # P07000002139		
1. Entity Name H20MEDICAL SPA, INC		

Principal Place of Business 5411 GRAND BLVD SUITE 107 NEW PORT RICHEY, FL 34652	Mailing Address 5411 GRAND BLVD SUITE 107 NEW PORT RICHEY, FL 34652
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40127330



07112007 Chg-P CR2E034 (12/06)

4. FEI Number 20-8219715	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHLYER, ARTHUR DR. 5411 GRAND BLVD SUITE 107 NEW PORT RICHEY, FL 34652	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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 NAME STREET ADDRESS CITY - ST - ZIP	D SCHLYER, ARTHUR DR 5411 GRAND BLVD SUITE 107 NEW PORT RICHEY, FL 34652 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-07

Date

727.847.1825

Daytime Phone #