

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000045441

1. Entity Name
FRANCIS INTERNACIONAL SALON INC



Principal Place of Business
11800 S CLEVELAND AVE
FORT MYERS, FL 33907

Mailing Address
11800 S CLEVELAND AVE
FORT MYERS, FL 33907

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

09122008

Chg-P

CR2E034 (12/06)

4. FEI Number

26-0212470

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

GOMEZ DE RIOS, FRANCIA E
11800 S CLEVELAND AVE
FORT MYERS, FL 33907

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GOMEZ DE RIOS, FRANCIA E
STREET ADDRESS 1615 S HERMITAGE RD
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE ☐ Change ☐ Addition
NAME **700136159617**
STREET ADDRESS **09/19/08--01045--008 **150.00**
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GOMEZ BURKAT, GINA
STREET ADDRESS 1615 S HERMITAGE RD
CITY-ST-ZIP FORT MYERS, FL 33919

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Gina Gomez Burkat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-08 (239) 277-0666
Date Daytime Phone #