

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2008 8:00 am
Secretary of State

04-25-2008 90136 024 ***150.00

DOCUMENT # P07000076050 1. Entity Name HYPNOSIS FOR WOMEN, INC.					
Principal Place of Business 3250 CANDICE AVE. SUITE #7 JENSEN BEACH FL 34957 US			Mailing Address 1678 SE CHELLO LN. PORT SAINT LUCIE FL 34983 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-0475425	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDANIEL, JENNY L 1678 SE CHELLO LN. PORT SAINT LUCIE FL 34983			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent's signature required when registering)					
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 NAME STREET ADDRESS CITY- ST- ZIP	P MCDANIEL, JENNY L 1678 SE CHELLO LN. PORT SAINT LUCIE FL 34983	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MCDANIEL, CRAIG I 1678 SE CHELLO LN. PORT SAINT LUCIE FL 34983	☐ Delete			
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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: <u>Jenny L. McDaniel</u> <u>JENNY L. MCDANIEL</u> <u>4/14/08</u> <u>772-878-6828</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					