

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90027 011 \*\*\*150.00

**DOCUMENT # P93000053563**

1. Entity Name

FLORIDA SCHOOL OF ELECTROLYSIS, INC.



Principal Place of Business

1720 EL JOBEAN RD.  
PORT CHARLOTTE FL 33948

Mailing Address

1720 EL JOBEAN RD.  
PORT CHARLOTTE FL 33948



2. Principal Place of Business

17843 Murdock Circle  
Suite, Apt. #, etc.  
Unit 7A

3. Mailing Address

17843 Murdock Circle  
Suite, Apt. #, etc.  
Unit 7A

1st MOORE

CR2E034 (10/05)

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

4. FEI Number

65-0436297

Applied For

Not Applicable

Zip

33948

Country

USA

Zip

33948

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRUNETTE, CHRISTINE A  
4125 ABBOTSFORD ST.  
N. PORT FL 34287

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

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**

**After May 1, 2006 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

TITLE P ☐ Delete  
NAME BRUNETTE, CHRISTINE A  
STREET ADDRESS 4125 ABBOTSFORD STR.  
CITY-ST-ZIP NORTH PORT FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Change ☒ Addition  
NAME Brunette, Ronald G  
STREET ADDRESS 4125 Abbotsford St.  
CITY-ST-ZIP North Port, FL 34287

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

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

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

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

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 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: Christine A. Brunette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06

Date

(941) 255-0006

Daytime Phone #