

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P94000084452**

1. Entity Name

**SOUTHEAST BEAUTY SALON, INC.**



Principal Place of Business

**650 CYPRESS GARDENS BOULEVARD  
WINTER HAVEN, FL 33880**

Mailing Address

**650 CYPRESS GARDENS BOULEVARD  
WINTER HAVEN, FL 33880**



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3286690**

Applied For

Not Applied

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**COSENTINO, JOSIANNE R  
236 OVERLOOK DRIVE  
WINTER HAVEN, FL 33884**

**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

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**

9. Election Campaign Financing  
Trust Fund Contribution, ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CASENTINO, JOSIANNE R  
236 OVERLOOK DRIVE  
WINTER HAVEN, FL 33884**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

000000390079  
01/23/06-80012-008 8.75

000000390079  
01/23/06-80012-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Josianne R Cosentino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-11-06 8632948**