

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000063098

1. Entity Name
GENESIS FULL SERVICE SALON, INC.



Principal Place of Business
**2001 RIO DE JANEIRO AVENUE
PUNTA GORDA FL 33983**

Mailing Address
**3089 MAUCK TERRACE
PORT CHARLOTTE FL 33981**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0607745** ☐ Applied For ☐ Not Applied

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KLEIN, IRIS
3089 MAUCK TERRACE
PORT CHARLOTTE FL 33981**

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 _____ (NOTE: Registered Agent signature required when reconstituting) 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 **\$5.00** May Be Added to Fees ☐ Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, IRIS L 22461 NYACK AVENUE PORT CHARLOTTE FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000494811 ☐ Change ☐ Add 04/20/06-30060-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 807, 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: *L. S. Klein* **Iris L. Klein** **4-3-06 941-698-164**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #