

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90037 029 ***150.00

DOCUMENT # P96000008394

1. Entity Name

ARVE'S FACIAL CONTOURING TOOLS, INC.



Principal Place of Business

4601 E HIGHWAY 100
UNIT I-7
BUNNELL FL 32110
US

Mailing Address

PO BOX 1869
FLAGLER BEACH FL 32136
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3356730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

DICIANNI, MARGARET L
1205 S. FLAGLER AVE.
FLAGLER BEACH FL 32136

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, 2005 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 PD ☒ Delete
NAME ARVE, RICHARD
STREET ADDRESS 800 LEILANI
CITY-ST-ZIP HILO HI 96720

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

TITLE STD ☐ Delete
NAME MURZYN, JOHN
STREET ADDRESS 800 LEILANI
CITY-ST-ZIP HILO HI 96720

TITLE ☒ Change ☐ Addition
NAME P MURZYN, John
STREET ADDRESS 800 Leilani
CITY-ST-ZIP Hilo, HI 96720

TITLE TS ☐ Delete
NAME DICIANNI, MARGARET L
STREET ADDRESS 1205 S. FLAGLER AVE.
CITY-ST-ZIP FLAGLER BEACH FL 32136

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Margaret L. Dicianni Margaret L. Dicianni 4-8-05 (386)SP6-0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #