

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000054203

1. Entity Name
THE VERANDA PAMPERING SALON, INC.



Principal Place of Business
40 NORTH BEACH STREET
ORMOND BEACH, FL 32174

Mailing Address
40 NORTH BEACH STREET
ORMOND BEACH, FL 32174

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90006 010 ***150.00

50023591



07192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3388572

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARBONE, JAQUELINE
40 NORTH BEACH STREET
ORMOND BEACH, FL 32174

**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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARBONELL, JAQUELINE
STREET ADDRESS	40 NORTH BEACH ST
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	P
NAME	CARBONELL, RICHARD
STREET ADDRESS	40 NORTH BEACH ST
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: *Jaqueline Carbonell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jaqueline Carbonell 07-25-06 386-676-7622