

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90008 010 ***150.00

DOCUMENT # P96000064469

1. Entity Name

AESTHETIC ENGINEERING KONCEPTS, INC.



Principal Place of Business

Mailing Address

**4852 OLD BAINBRIDGE RD
TALL FL 32303
US**

**4853 OLD BAINBRIDGE RD
TALL FL 32303
US**



2. Principal Place of Business

3. Mailing Address

1014 6TH AVE E
Suite, Apt. #, etc.

1014 6TH AVE E
Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE FL

TALL FL

Zip

Country

Zip

Country

32303

US

32303

US

4. FEI Number

59-3392895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DYER, ANGELA M
4853 OLD BAINBRIDGE RD.
TALLAHASSEE FL 32303**

Name

DYER ANGELA M

Street Address (P.O. Box Number is Not Acceptable)

1014 E 6TH AVE

City

TALL FL

FL

Zip Code

32303

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
DYER, KENNETH E
2731 HARTSFIELD ROAD
TALLAHASSEE FL 32303**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
DYER, ANGELA M
2731 HARTSFIELD ROAD
TALLAHASSEE FL 32303**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-06

850 509 6197

Date

Daytime Phone #