

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000087958

**FILED**  
**Nov 18, 2010**  
**Secretary of State**

**Entity Name:** ANGELIC FLOWERS FACIALS, AND NAILS, INC.

**Current Principal Place of Business:**

421 2 ST NW  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

421 2 ST NW  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 59-3405985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CINICOLA, CLARA M  
421 2 ST NW  
WINTER HAVEN, FL 33881 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: ALMOND, ELLEN M.  
Address: 4100 OAK DR NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: PRE.  
Name: GANEY, RICHARD EUGEN  
Address: 405 LAKE LULU  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP  
Name: GANEY, WALTER M.  
Address: 4301 JORDANVILLE ST  
City-St-Zip: LAS VEGAS, NV 89129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN M ALMOND

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11/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date