

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

01-17-2008 03:03 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102008 Chg-P CR2E034 (12/06)

DOCUMENT # P97000061842

1. Entity Name
A SECRET GARDEN SPA, INC.



Principal Place of Business
5807 MAIN ST
NEW PORT RICHEY, FL 34652

Mailing Address
PO BOX 1087
NEW PORT RICHEY, FL 34652

2. Principal Place of Business - No P.O. Box #
5807 MAIN ST

3. Mailing Address
P.O. Box 725

Suite, Apt. #, etc.
5807 MAIN ST

Suite, Apt. #, etc.

City & State
New Port Richey, FL

City & State
New Port Richey FL

Zip
34652

Country
USA

Zip
34656

Country
USA

4. FEI Number
59-3456337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KINNUNEN, CHERRY D
7140 JASMIN DR
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Rene M. Brown
4347 FOXBORO
City
New Port Richey FL Zip Code
34653

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 Rene M. Brown DATE 1/1/08

Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP KINNUNEN, CHERRY D 7140 JASMIN DR NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, RENE 4347 FOX BORO NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Brown, Rene 4347 Foxboro New Port Richey, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rene M. Brown DATE 1/1/08 DAYTIME PHONE # 727 849-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR