


2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-05-2006 90131 021 ***150.00

P97000080789
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

06 APR 26 AM 11:10

DOCUMENT # P97000080789 1. Entity Name MARLENE'S DAY SPA, INC.		
Principal Place of Business 1260 W BAY DR, STE A (moved) LARGO, FL 33770		Mailing Address 1260 W BAY DR, STE A (moved) LARGO, FL 33770
2. Principal Place of Business 118 Clearwater Largo Rds. Suite, Apt. #, etc.		3. Mailing Address 118 Clearwater Largo Rd S. Suite, Apt. #, etc.
City & State Largo FL		City & State Largo FL
Zip 33770		Zip 33770
Country USA		Country USA
4. FEI Number 59-3475127		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LYON, MARLENE A 1260 W BAY DR, STE A LARGO, FL 33770		7. Name and Address of New Registered Agent Name MARLENE LYON LYON LUKAS Street Address (P.O. Box Number is Not Acceptable) 118 Clearwater Largo Rd S. City Largo FL Zip Code 33770
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: <u>Marlene Lyon Lukas</u> DATE: <u>MARCH 28, 2006</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete D LYON, MARLENE A 1260 W BAY DR, STE A LARGO, FL 33770	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Marlene Lyon Lukas</u> Date: <u>3/28/06</u> (727) 585-1528 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #</small>		