

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90044 007 \*\*\*150.00

<b>DOCUMENT # P97000092852</b> 1. Entity Name <b>ESCAPE NAIL SALON AND DAY SPA, INC.</b>					
Principal Place of Business <b>5315 EAST BAY DRIVE, STE A CLEARWATER, FL 33764</b>			Mailing Address <b>5315 EAST BAY DRIVE, STE A CLEARWATER, FL 33764</b>		
2. Principal Place of Business - No P.O. Box # <b>1518 Timmons Terrace</b>		3. Mailing Address <b>1518 Timmons Terrace</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>		4. FEI Number <b>59-3474055</b>	
Zip <b>33756</b>		Country <b>Pinellas</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LONGTIN, PATRICIA A 5315 EAST BAY DRIVE, STE A CLEARWATER, FL 33764</b>			7. Name and Address of New Registered Agent Name <b>Longtin, Patricia</b> Street Address (P.O. Box Number is Not Acceptable) <b>1518 Timmons Terrace</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33756</b>		
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><i>PATY LONGTIN</i></u> DATE: <u>3/10/08</u> <small>Signature, typed or (printed) name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST LONGTIN, PATRICIA A 1518 TIMMONS TERRACE CLEARWATER, FL 33756</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/10/08</u> Daytime Phone #: <u>727-678-6025</u>		