

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000014614

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** MAGNA'S - A FULL BODY SALON INC.

**Current Principal Place of Business:**

103 CENTRE STREET  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

103 CENTRE STREET  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

**FEI Number:** 59-3561885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUGHES, R. THOMAS  
96099 OYSTER BAY DR  
FERNANDINA BCH, FL 32034 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: D  
Name: HUGHES, R. THOMAS  
Address: 96099 OYSTER BAY DR.  
City-St-Zip: FERNANDINA BCH, FL 32034

Title: V  
Name: LUSK, STACYE  
Address: 434 A TARPON AVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: STACYE LUSK

V

01/06/2011

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

\_\_\_\_\_  
Date