

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90023 005 \*\*\*150.00

**DOCUMENT # P00000061364**

1. Entity Name

"YOUR LOOKING GOOD", INC.



Principal Place of Business

5563 S US 1  
STUART FL 34997

Mailing Address

2888 SW WESTLAKE CIRCLE  
PALM CITY FL 34990

24010346



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0568878

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

NOREN, RICHARD E  
2888 SW WESTLAKE CIRCLE  
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name  
NOREN RICHARD E  
Street Address (P.O. Box Number is Not Acceptable)  
8800 OKEECHOBEE RD LOT 11  
City  
FORT PIERCE FL Zip Code  
34954

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 *Richard E Noren* RICHARD E NOREN

3/1/04  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME NOREN, THERESA A ☐ Delete  
STREET ADDRESS 2888 SW WEST LAKE CIRCLE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE VPT  
NAME NOREN, RICHARD E ☐ Delete  
STREET ADDRESS 2888 SW WESTLAKE CIRCLE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME NOREN THERESA A ☐ Change ☒ Addition  
STREET ADDRESS 1506 SE ROYAL GREEN CIR Bldg 203  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE VPT  
NAME NOREN RICHARD E ☐ Change ☒ Addition  
STREET ADDRESS 8800 OKEECHOBEE RD LOT 11  
CITY-ST-ZIP FORT PIERCE FL 34954

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard E Noren* RICHARD E NOREN 3/1/04 772-253-6596  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #