

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000109876

1. Entity Name
COSMETIC RESOURCES INC.



Principal Place of Business
**252 CITRUS AVE
DUNEDIN, FL 34698**

Mailing Address
**252 CITRUS AVE
DUNEDIN, FL 34698**

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3757509

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, GREGORY
28100 US HWY 19 NORTH STE 408
CLEARWATER, FL 33761**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAKER, JOLI A 252 CITRUS AVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLELLAND, ANNABELLE 252 CITRUS AVE. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAKER, ROBERT 252 CITRUS AVENUE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, GREGORY 28100 US 19 N., SUITE 408 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/04-80073-022 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

727-738-6115

Daytime Phone #