

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91211 023 ***150.00

DOCUMENT # P02000088078

1. Entity Name
DERMATOLOGY WORKS, INC



Principal Place of Business
**1111 N. BAY SHORE BLVD., SUITE E-4
CLEARWATER, FL 33759**

Mailing Address
**1111 N. BAY SHORE BLVD., SUITE E-4
CLEARWATER, FL 33759**

24066278



2. Principal Place of Business
2503 1st St.

3. Mailing Address
2503 1st St.

Suite, Apt. #, etc.
Apt. #W

Suite, Apt. #, etc.
Apt. #W

04262004 Chg-P CR2E034 (10/03)

City & State
Indian Rocks Beach, FL

City & State
Indian Rocks Beach, FL

4. FEI Number
41-2054778

Applied For
Not Applicable

Zip
33785

Country

Zip
33785

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, JR, GREG
28100 US HWY 19 N
SUITE #408
CLEARWATER, FL 33761**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **POMPEII, JOANN F**
STREET ADDRESS **1111 N. BAYSHORE BLVD, SUITE E-4**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE ☒ Change ☐ Addition
NAME **2503 1st St. #W**
STREET ADDRESS **Indian Rocks Beach, FL 33785-3010**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SMITH, JR, GREG**
STREET ADDRESS **28100 US HWY 19 N, SUITE #408**
CITY-ST-ZIP **CLEARWATER, FL 33761**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

4/30/04