


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90024 006 \*\*\*150.00

<b>DOCUMENT # P02000095906</b> 1. Entity Name DONE TODAY BEAUTIFUL TOMORROW, INC.	
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Principal Place of Business 5407 BLUE TICK DR. ORLANDO, FL 32810	Mailing Address 5407 BLUE TICK DR. ORLANDO, FL 32810
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**DO NOT WRITE IN THIS SPACE**



02152004 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0546974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COVINGTON, CPA  
380 S SR 434 STE 1004-188  
ALTAMONTE SPRINGS, FL 32714

**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, FRED L 5407 BLUE TICK DR. ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, LISA H 5407 BLUE TICK DR. ORLANDO, FL 32810
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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:**  **3/29/04 (407) 443-2861**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #