


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90011 043 \*\*\*150.00

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<b>DOCUMENT # P03000002655</b> 1. Entity Name <b>FACE &amp; BODY PLACE INC.</b>			
Principal Place of Business <b>5125 PETERSON ROAD                  FORT PIERCE, FL 34947</b>		Mailing Address <b>5125 PETERSON ROAD                  FORT PIERCE, FL 34947</b>	
2. Principal Place of Business <b>FACE &amp; BODY PLACE, INC</b> Suite, Apt. #, etc. <b>4812 S. U.S. Hwy #1</b> City & State <b>FT. PIERCE, FL</b> Zip <b>34982</b>		3. Mailing Address <b>DONNA MILLER</b> Suite, Apt. #, etc. <b>804 ANITA ST.</b> City & State <b>FT. PIERCE FL</b> Zip <b>34982</b>	
4. FEI Number <b>42-1564328</b>		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 <b>MILLER, DONNA</b> <del>5125 PETERSON ROAD</del> <b>804 ANITA ST.</b> <b>FORT PIERCE, FL 34947</b> <b>34982</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Donna L. Miller</i> <b>DONNA L. MILLER</b> Signature, typed or printed name of registered agent and title if applicable.		<b>8-24-04</b> DATE (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00                  Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, DONNA <del>5125 PETERSON ROAD</del> <b>FORT PIERCE, FL 34947</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONNA MILLER <b>804 ANITA ST</b> <b>FT. PIERCE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COWART, CHRISTINA <del>804 ANITA STREET</del> <b>FORT PIERCE, FL 34982</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COWART, CHRISTINA <b>968 MEMORIAL PARK CIRCLE</b> <b>JACKSONVILLE, FL 32221</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KING, THERESA <b>7608 HILLSIDE DRIVE</b> <b>JACKSONVILLE, FL 32221</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	--
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Donna L. Miller</i> <b>DONNA L. MILLER</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>8-24-04</b> Date Daytime Phone #	