
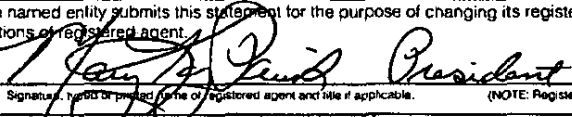



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-02-2004 90016 008 ***150.00

| | | | | | |
|--|----------------------|---------------------------------|---|--|-----------------------------------|
| DOCUMENT # P03000018184 | | | |  | |
| 1. Entity Name MARY'S COSMETICS & SKIN CARE, INC. | | | | | |
| Principal Place of Business 1513 MYLISA ROAD PANAMA CITY FL 32409 | | | Mailing Address 1513 MYLISA ROAD PANAMA CITY FL 32409 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 27-0047510 | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| PARISH, GEORGE C JR 1513 MYLISA ROAD PANAMA CITY FL 32409 | | | 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, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | DATE 2-23-04 | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PARISH, MARY KAY | | NAME | | |
| STREET ADDRESS | 1513 MYLISA ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL 32409 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PARISH, GOERGE C JR | | NAME | | |
| STREET ADDRESS | 1513 MYLISA ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL 32409 | | CITY-ST-ZIP | | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PARISH, LAURA H | | NAME | | |
| STREET ADDRESS | 1513 MYLISA ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL 32409 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date 2-24-04 850-872-0100 Daytime Phone # | |

66405703



MOORE CR2E034 (11/03)