


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1082

**DOCUMENT # P03000024140**

1. Entity Name  
**LOOK YOUR BEST, INC.**



FILED  
04 DEC 29 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**703 COURT STREET  
CLEARWATER, FL 33756 US**

Mailing Address  
**703 COURT STREET  
CLEARWATER, FL 33756 US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

04072004 Chg-P CR2E034 (10/03)

4. FEI Number  
**57-1158340**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**JENNINGS, THOMAS C III  
703 COURT STREET  
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent  
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 *Thomas Jennings* **12 27 04**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD TORRACA, GAIL 703 COURT STREET CLEARWATER, FL 33756</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Gail L. Torraca* **4.16.04** **(727) 789-3881**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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October 12, 2004

Florida Dept of State  
Divisions of Corporations  
Post Office Box 1500  
Tallahassee, Fl 32302-1500

Re: Look Your Best, Inc.  
703 Court Street  
Clearwater, Fla 33756  
C/o Thomas C Jennings III

I have enclosed copies of my checkbook account as well a copy of Bank Statement.

Please be advised of the following:

Check No. 8806 which was dated March 20, 2004 but mailed around April 15, 2004, has not cleared my bank. This check is in the amount of \$150.00. This check was **not** drawn on the Look Your Best Inc. Business Checking Account, but another Small Business Checking Account by the name of Gail's Skin Care & Permanent Make Up. I am wondering if this has caused the delay in deposit .

I have been instructed by my accountant to make copies of the above and send them to you. Apparently this check has either been lost or misplaced. Please advise.

Thank You,



Gail L. Torraca  
Look Your Best, Inc.  
2586 Northfield Lane  
Clearwater, Fla 33761  
727 789 3881  
727 460-3058