



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90490 003 \*\*\*150.00

<b>DOCUMENT # P03000024749</b> 1. Entity Name <b>BODY &amp; SKIN CLINIC INCORPORATED</b>					
Principal Place of Business <b>636 S. OSPREY AVE. SARASOTA, FL 34230</b>			Mailing Address <b>636 S. OSPREY AVE. SARASOTA, FL 34230</b>		
2. Principal Place of Business <b>2440 GULF GATE DR.</b>		3. Mailing Address <b>2440 GULF GATE DRIVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02172005    Chg-P    CR2E034 (10/03)	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>		4. FEI Number <b>01-0770995</b>	
Zip <b>34231</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ORCUTT, LEHSA 636 S. OSPREY AVE. SARASOTA, FL 34230</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2440 GULF GATE DRIVE</b>  City <b>SARASOTA</b> FL    Zip Code <b>34231</b>	
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: <u><i>Lehsa Orcutt</i></u> <b>LEHSA ORCUTT</b> <b>2-17-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGDEN, DAVID 636 S. OSPREY AVE. SARASOTA, FL 34230	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2440 GULF GATE DR SARASOTA, FL 34231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORCUTT, LEHSA 636 S. OSPREY AVE. SARASOTA, FL 34230	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2440 GULF GATE DR. SARASOTA, FL 34231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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	
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: <u><i>Lehsa Orcutt</i></u> <b>LEHSA ORCUTT</b> <b>2-17-05</b> <b>941-921-7931</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					