


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2005 8:00 am
Secretary of State

06-29-2005 90003 048 ***150.00
08-04-2005 90005 007 ***400.00

DOCUMENT # P03000035423 1. Entity Name GETTING GORGEOUS, INC.	
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Principal Place of Business 2101 NORTHSIDE DRIVE NO. 204 PANAMA CITY, FL 32405	Mailing Address 2101 NORTHSIDE DRIVE NO. 204 PANAMA CITY, FL 32405
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50059981



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1446944	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FISHER, BRET L 2500 HIGHWAY 77 PANAMA CITY, FL 33405

**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 resigning.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FISHER, KENDRA L 2514 PELICAN BAY DRIVE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FISHER, BRET L 2514 PELICAN BAY DRIVE PANAMA CITY BEACH, FL 32408
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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: Kendra L. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____