

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90038 030 ***150.00

DOCUMENT # P04000006473

1. Entity Name

JILLIAN JACKSON SKIN CARE INC.



Principal Place of Business

6610 N.W. 71 COURT
TAMARAC FL 33321

Mailing Address

6610 N.W. 71 COURT
TAMARAC FL 33321

2. Principal Place of Business

6150 ASTORIA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

6150 ASTORIA DRIVE

Suite, Apt. #, etc.

City & State

LAKE WORTH

City & State

LAKE WORTH

Zip
33463

Country
USA

Zip
33463

Country
USA

4. FEI Number

200598575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIACENTE, JILLIAN
6610 N.W. 71 COURT
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name JILLIAN PIACENTE

Street Address (P.O. Box Number is Not Acceptable)
6150 ASTORIA DRIVE

City LAKE WORTH

FL

Zip Code 33463

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, type 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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PIACENTE, JILLIAN
STREET ADDRESS 6610 N.W. 71 COURT
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PIACENTE, JILLIAN
STREET ADDRESS 6150 ASTORIA DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-05 9546737585