2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 8:00 am Secretary of State

DOCUMENT # P04000151214 1. Entity Name GLYCOLIC PEEL PARTY INC.				03-18-2005 90053 002 ***150.00	
Principal Place of Business	Mailing Address			4.	
213 W. COMANCHE AVE. 213 W. COMANCHE AVE. TAMPA, FL 33604-6903 TAMPA, FL 33604-6903					
	,		') 	
2. Principal Place of Business	3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		 ,	02272005 Chg-P CR2E034 (10/03)	
City & State	City & State			4. FEI Number Applied For Not Applicable	
Zip Country	Zip	Countr	ry	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registered Agent	
BURCHETT, ROBERT 213 W. COMANCHE AVE. TAMPA, FL 33604-6903		_	Name		
		ļ	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 regist		registere	d office or register		
the obligations of registered agent		y grant a		2/41/-	
SIGNATURE Signature, typed or printed name of registered a	agent and title if applicable. (NOTE	: flagistered	Agent signature required	3/19/05 John reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$5	50.00 Trust Fund Contr			.00 May Be led to Fees	
	AND DIRECTORS	11.	Otac	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME COUVE Shows Le	oew	NAME	Car	Schmoke	
STREET ADDRESS 213 W. COmanche	Arc	STREE	T ADDRESS 212	THE SOUTH DE C	
Tampy A 33400				rie Schmoke b w. comanche Ave	
	· Delete		ST-ZIP Ta	mpg, PL 33404	
NAME		CITY-S TITLE NAME	ST-ZIP Ta Vic	mpa, PL 33604 e President Gehange Addition best Burchett	
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122. Thereby certify that the information supplied with this hinting does not quality for the exemption stated in Section 119.07(3)(t). 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-05

813-205-8389

Daytime Phone #