



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90238 038 ***150.00

DOCUMENT # P04000151214 1. Entity Name GLYCOLIC PEEL PARTY INC.					
Principal Place of Business 213 W. COMANCHE AVE. TAMPA, FL 33604-6903			Mailing Address 213 W. COMANCHE AVE. TAMPA, FL 33604-6903		
2. Principal Place of Business 16516 Oley Ridge CT <small>Suite, Apt. #, etc.</small>		3. Mailing Address 16516 Oley Ridge CT <small>Suite, Apt. #, etc.</small>			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 34-2028108	
Zip 33624-6709		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURCHETT, ROBERT 213 W. COMANCHE AVE. TAMPA, FL 33604-6903			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16516 OLEY RIDGE CT City Tampa FL Zip Code 33624-6709		
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 a director or officer 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.					
SIGNATURE <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable</small>		DATE 4/26/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMOKE, CARRIE 213 W COMANCHE TAMPA, FL 33604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURCHETT, ROBERT 213 W COMANCHE TAMPA, FL 33604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date 4/26/06			Telephone 813-205-8389		