2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000151214

Entity Name
 GLYCOLIC PEEL PARTY INC.



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business

16516 OLEY RIDGE CT TAMPA, FL 33624-6709 Mailing Address

16516 OLEY RIDGE CT TAMPA, FL 33624-6709



01312007

No Chg-P

CR2E034 (11/05)

4. FEI Number 34-2028108

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BURCHETT, ROBERT 16516 OLEY RIDGE CT TAMPA, FL 33624-6909

DO NOT WRITE IN THIS SPACE

					TIIS 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	f applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMOKE, CARRIE 16516 OLEY RIDGE CT TAMPA, FL 336246709				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURCHETT, ROBERT 16516 OLEY RIDGE CT TAMPA, FL 336246709				U00000672779 03/29/07-80002-005 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DÖ	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	IN.	THIS SPACE
TITLE					

12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

813-205-8389

Daytime Phone