

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90025 007 \*\*\*150.00

**DOCUMENT # P04000157172**

1. Entity Name

SKIN-GLOW INC.



Principal Place of Business

Mailing Address

6974 22ND. AVE. N.  
ST. PETERSBURG FL 33710

6974 22ND. AVE. N.  
ST. PETERSBURG FL 33710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

84-1662054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERCER, DEBORAH  
6974 22ND. AVE. N.  
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name **EVANS, JEROME**

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

**1674 PELICAN CREEK CROSSING**

City **ST. PETERSBURG**

**FL**

Zip Code

**33710**

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

*Jerome Evans S/T/D*

**1-28-06**

(Signature, typed 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, 2006 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 P/D ☐ Delete  
NAME MERCER, DEBORAH  
STREET ADDRESS 6974 22ND. AVE. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE VP/S ☒ Delete  
NAME MERCER, DEBORAH  
STREET ADDRESS 6974 22ND. AVE. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE T ☒ Delete  
NAME MERCER, DEBORAH  
STREET ADDRESS 6974 22ND. AVE. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 **S/T/D** ☐ Change ☒ Addition  
NAME **Jerome Evans**  
STREET ADDRESS **1674 Pelican Creek Crossing**  
CITY-ST-ZIP **St. Petersburg, FL 33707**

TITLE ☐ Change ☒ Addition  
NAME **Mercer, Deborah**  
STREET ADDRESS **6974 22nd ave. n.**  
CITY-ST-ZIP **St. Petersburg, FL 33710**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 exemptions contained in Section 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:

*Jerome Evans* **JEROME EVANS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-06 (727) 343-3731**

Date

Daytime Phone #