

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045185

Entity Name: SKIN THERAPY OF NORTH FLORIDA, INC.

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

1989 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

1989 CAPITAL CIRCLE NE
SUITE 6
TALLAHASSEE, FL 32308

Current Mailing Address:

209 MILL CREEK ROAD
CRAWFORDVILLE, FL 32327

New Mailing Address:

PO BOX 1623
TUPELO, MS 38802

FEI Number: 20-4679123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAGGETT, MARLENE R
38 TALON DRIVE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REESE, SHERRY
Address: 209 MILL CREEK RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REESE, SHERRY
Address: 505 ELVIS PRESLEY DRIVE
City-St-Zip: TUPELO, MS 38804

Title: VP () Change (X) Addition
Name: MOORE, LAURALEE
Address: 1989 CAPITAL CIRCLE NE SUITE 6
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY REESE

P

04/10/2007

Electronic Signature of Signing Officer or Director

Date