

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045185

FILED
Mar 09, 2009
Secretary of State

Entity Name: SKIN THERAPY OF NORTH FLORIDA, INC.

Current Principal Place of Business:

1989 CAPITAL CIRCLE NE
SUITE 6
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 1623
TUPELO, MS 38802

New Mailing Address:

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:

MOORE, LAURALEE
1989 CAPITAL CIRCLE NE
SUITE 6
TALLAHASSEE, FL 32308 US

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: LAURALEE MOORE

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: VP () Delete
Name: REESE, ROBERT S
Address: 505 ELVIS PRESLEY DRIVE
City-St-Zip: TUPELO, MS 38804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REESE, SHERRY
Address: PO BOX 1623
City-St-Zip: TUPELO, MS 38802

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: REESE, ROBERT S
Address: PO BOX 1623
City-St-Zip: TUPELO, MS 38802

I hereby certify that the information supplied with this filing does not qualify 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

03/09/2009

Electronic Signature of Signing Officer or Director

Date