

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 27, 2008 8:00 am
Secretary of State

04-23-2008 90034 012 ***150.00

DOCUMENT # P07000034422

1. Entity Name
UGLY WRINKLES, INC.



Principal Place of Business
**7014 GUNTHER ST
ENGLEWOOD FL 34224**

Mailing Address
**7014 GUNTHER ST
ENGLEWOOD FL 34224**

66012121



2. Principal Place of Business - No P.O. Box #
7014 GUNTHER ST

3. Mailing Address
7014 GUNTHER ST

Suite, Apt., etc.
Suite, Apt., etc.

1st MOORE CR2E034 (10/07)

City & State
ENGLEWOOD, FL

City & State
ENGLEWOOD, FL

Zip
34224

Country
CHARLOTTE

Zip
34224

Country
CHARLOTTE

4. FEI Number
208620709

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MOTT, HENRY W
425 POINCIANNA DR
SARASOTA FL 34243**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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]* DATE **5/22/08**

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GILLAM, JACK E 7014 GUNTHER ST ENGLEWOOD FL 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST GILLAM, PHYLLIS 7014 GUNTHER ST ENGLEWOOD FL 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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: *[Signature: Phyllis M. Gillam]* DATE **5/18/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR