

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000008682

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** MINDY BARNES SKIN CARE, INC.

**Current Principal Place of Business:**

1015 NEW YORK AVE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

3001 W. 10TH STREET  
UNIT 101A  
PANAMA CITY, FL 32401

**Current Mailing Address:**

1015 NEW YORK AVE  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 90-0638693      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARNES, MELANIE H  
1015 NEW YORK AVE  
LYNN HAVEN, FL 32444      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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BARNES, MELANIE H  
**Address:** 1015 NEW YORK AVENUE  
**City-St-Zip:** LYNN HAVEN, FL 32444

**Title:** VP  
**Name:** BARNES, BRIAN E  
**Address:** 1015 NEW YORK AVENUE  
**City-St-Zip:** LYNN HAVEN, FL 32444

I hereby 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 all other like empowered.

SIGNATURE: MELANIE H. BARNES

PRES

01/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date