

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000107117

1. Entity Name

LOOK GOOD FEEL GOOD, INC.



FILED
Oct 26, 2006 8:00 A.M.
Secretary of State

Principal Place of Business

519 CLEVELAND ST, SUITE 203
CLEARWATER FL 33755

Mailing Address

519 CLEVELAND ST, SUITE 203
CLEARWATER FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/06)

4. FEI Number

59-3484167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRIETO, MARIA ROSA
519 CLEVELAND ST, SUITE 203
CLEARWATER FL 33755

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTV
NAME PRIETO, MARIA ROSA ☒ Delete
STREET ADDRESS 519 CLEVELAND ST, SUITE 203
CITY - ST - ZIP CLEARWATER FL 33755

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTV ☒ Change ☐ Addition
NAME PRIETO, MARIA ROSA
STREET ADDRESS 1701 DREW ST. UNIT 1
CITY - ST - ZIP CLEARWATER, FL 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300081595243
CITY - ST - ZIP 11/07/06--01055--024 **150.00

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

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

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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 Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/06

Date

727-462-5458

Daytime Phone #