

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90031 010 ***150.00

DOCUMENT # P99000087539

1. Entity Name

AMY'S SKIN & BODY CARE, INC.



Principal Place of Business

1937 N. PINE ISLAND ROAD
PLANTATION FL 33322

Mailing Address

4400 QUEEN PALM LANE
TAMARAC FL 33319

J4006731



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

7640 Westwood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1937 N. Pine Island Rd

Apt # 406

City & State

City & State

Plantation FL

Tamarac Florida

Zip

Country

Zip

Country

33322

Broward

33321

Broward

4. FEI Number

65-0961670

Applied For ..

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRUDING, AMY K
4400 QUEEN PALM LANE
TAMARAC FL 33319

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

Amy K Druding

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	DRUDING, AMY K	
STREET ADDRESS	4400 QUEEN PALM LANE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME	Druding, Amy K	
STREET ADDRESS	7640 Westwood Dr Apt # 406	
CITY-ST-ZIP	Tamarac FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Amy K Druding

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

954-597-2451

Date

Daytime Phone #