

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90097 016 ***150.00

DOCUMENT # P99000110705 1. Entity Name EPILATION SERVICES, INC.			
Principal Place of Business 1344 S. Apollo Blvd. Suite 100 Melbourne FL 32901		Mailing Address 1344 S. Apollo Blvd. Suite 100 Melbourne FL 32901	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CONKLING, KIMBERLY D 1344 S. Apollo Blvd Suite 100 Melbourne, FL 32901		DO NOT WRITE IN THIS SPACE	
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 <u><i>Kimberly D Conkling</i></u> (NOTE: Registered Agent's signature required when re-registering) DATE <u>7-1-04</u>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONKLING, KIMBERLY D 1344 S. Apollo Blvd #100 Melbourne FL 32901		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Kimberly D Conkling</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>7-1-04</u> 321-255-6655 Daytime Phone #	

44047380



07012004 No Chg-P CR2E034 (1/03)

4. FEI Number 59-3615960	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

*Epilation Services
Aesthetic Center*

Attached

*# P99000110705
44047385*

Phone 321.255.6655
Fax 321.727.9448

www.epilations.com

1344 S. Apollo Boulevard, Suite 100
Melbourne, FL 32901

PhotoFacial™

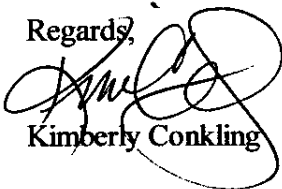
Ultrapeel™ Microdermabrasion

Epilight™ Hair Removal System

Personalized Skin Care Products

This letter is to apologize for not having this payment in on time. However, I never received the first notice. Please excuse the error, this will never happen again.

Regards,


Kimberly Conkling