JUL 01 2004 1:33PM HP LASERJET 3200

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.

44047385

Principal Place of Business	Mailing Address
1344 S. Apollo Blvd. Suite 100 Melbourne FL 32901	1344 S. Apollo Blvd. Suite 100 Melbourne FL 32901

07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3615960 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONKLING, KIMBERLY D
1344 S. Apollo Blvd
Suite 100
Melbourne, FL 32901

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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 _____ 7-1-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONKLING, KIMBERLY D
STREET ADDRESS	1344 S. Apollo Blvd #100
CITY-ST-ZIP	Melbourne FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 7-1-04 321-255-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attached
P99000110705
44047385

Epilation Services
Aesthetic Center

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