

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S63557

Entity Name: L E SKIN CARE, INC.

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

77 BEAL PARKWAY SE  
FT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5042  
DESTIN, FL 32540

**New Mailing Address:**

FEI Number: 59-3077211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ERICSON, LENA  
77-A BEAL PARKWAY S E  
FT WALTON BEACH, FL 32548 US

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

ERICSON, LENA  
77 BEAL PARKWAY S E  
FT WALTON BEACH, FL 32548 US

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

01/10/2012

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ERICSON, LENA  
Address: 316 SPRING LANE  
City-St-Zip: DESTIN, FL 32541

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: LENA ERICSON

PRES

01/10/2012

Electronic Signature of Signing Officer or Director

Date