


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90041 041 ****61.25

DOCUMENT # 705878					
1. Entity Name SUNTAN ART CENTER, INC.					
Principal Place of Business 3300 GULF BLVD ST PETERSBURG BEACH, FL 33706			Mailing Address 3300 GULF BLVD ST PETERSBURG BEACH, FL 33706		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7033821	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORRIS, EUGENE 876 PONCE DE LEON DR SAINT PETERSBURG, FL 33715			Name <i>Michael Markowski</i> Street Address (P.O. Box Number is Not Acceptable) <i>6300 20th ST S</i> City <i>ST Petersburg</i> FL Zip Code <i>33712</i>		
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 <i>[Signature]</i>		Treasurer		DATE <i>4 Jan 08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DENSON, TERRY G	NAME			
STREET ADDRESS	6300 20TH ST	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	CITY-ST-ZIP			
TITLE	TREA <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EUGENE, NORRIS	NAME	<i>Trea Michael Markowski</i>		
STREET ADDRESS	876 PONCE DE LEON DR	STREET ADDRESS	<i>6300 20th ST S</i>		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715	CITY-ST-ZIP	<i>ST Petersburg 33712</i>		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIDLER, HANI	NAME			
STREET ADDRESS	8350 66TH WAY N	STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK, FL 33780	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 617, 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: <i>Terry Denson</i>		TERRY DENSON		1/4/08 727-698-2255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	