## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 15, 2004 08:00 AM Secretary of State **DOCUMENT # P00000058449** 1. Entity Name REEL TAN, INC. Principal Place of Business Mailing Address SLOTT & BARKER 1560-6 BUSINESS CTR. DR. ORANGE PARK, FL 32003 334 E. DUVAL STREET JACKSONVILLE, FL 32202 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. 03152004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3653015 Not Applicable ZlΩ Country Zε Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name BARKER, EARL M JR Street Address (P.O. Box Number is Not Acceptable) SLOTT & BARKER 334 E. DUVAL STREET JACKSONVILLE, FL 32202 City Zip Code FL 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstading) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change DPT Addition TITLE TITLE Delete NAME SPITZER, BROOKE L NAME U00000114457 04/15/04-80050-017 150.00 STREET ADDRESS STREET ADDRESS 1560 BUSINESS CENTER DRIVE, SUITE 6 CITY-ST-ZIP ORANGE PARK, FL 32003 CITY-ST-789 S TITLE Change ☐ Addition TITLE ☐ Delete NAME FOSTER, HOLLYN J MAME STREET ADDRESS 334 F DUVAL STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32202 រាអទ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.

**FILED**