

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000025740

1. Entity Name
THE PERFECT "10" SPA, INC.



Principal Place of Business
**1926 HIGHWAY A1A
SATELLITE BEACH, FL 32937**

Mailing Address
**1926 HIGHWAY A1A
SATELLITE BEACH, FL 32937**



01172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3709516	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SUTCH, CHRISTINA B
FALLACE & LARKIN, LLC
1900 S. HICKORY STREET, STE. A
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000066563
02/26/04-80020-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATY, ANNAMARIA
STREET ADDRESS	2877 CORBUSIER DR.
CITY-ST-ZIP	MELBOURNE, FL 32935

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP *	

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/28/04** Daytime Phone # _____