


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000060697**

1. Entity Name  
**REEL TAN II, INC.**



Principal Place of Business  
 12740-11 ATLANTIC BLVD.  
 JACKSONVILLE, FL 32225

Mailing Address  
 334 E. DUVAL ST.  
 JACKSONVILLE, FL 32202



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

03152004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**59-3233493**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**BARKER, EARL M JR**  
**334 E DUVAL ST**  
**JACKSONVILLE, FL 32202**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_

**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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME  Delete  
**DPT**  
**SPITZER, BROOKE L**  
 STREET ADDRESS **12740-11 ATLANTIC BLVD.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE NAME  Change  Addition  
**04/15/04-80050-018 150.00**

TITLE NAME  Delete  
**S**  
**FOSTER, HOLLYN J**  
 STREET ADDRESS **334 E. DUVAL ST.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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.

SIGNATURE: Brooke L. Spitzer Brooke L. Spitzer 3/18/04 (904) 278-7887  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #