


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000017989**

1. Entity Name  
**TAMPA BAY SPAS, INC.**



Principal Place of Business 210 S KINGS AVE N BRANDON, FL 33594	Mailing Address 210 S KINGS AVE N BRANDON, FL 33594
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03202004 No Chg-P CR2E034 (10/03)

**NOT WRITE IN THIS SPACE**

4. FEI Number 04-3609081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORSON, DAVID B**  
**4602 RIVER OVERLOOK DR**  
**VALRICO, FL 33594**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGA, GERALD L JR. 14912 HERONGLLEN DR LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGA, KAREN K 14912 HERONGLLEN DR LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSON, DAVID B 4602 RIVER OVERLOOK DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSON, ELIZABETH A 4602 RIVER OVERLOOK DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/07/04-80007-018 150.00

**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)(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: David B. Corson **4-06-04** **813-654-9300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #