


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000017989 1. Entity Name TAMPA BAY SPAS, INC.	
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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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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 04-3609081
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete RAGA, GERALD L JR. 14912 HERONGLEN DR LITHIA FL 33547
TITLE	D <input type="checkbox"/> Delete RAGA, KAREN K 14912 HERONGLEN DR LITHIA FL 33547
TITLE	D <input type="checkbox"/> Delete CORSON, DAVID B 4602 RIVER OVERLOOK DR VALRICO FL 33594
TITLE	D <input type="checkbox"/> Delete CORSON, ELIZABETH A 4602 RIVER OVERLOOK DR VALRICO FL 33594
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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03/01/05-80011-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Gerald L. Raga Jr.* **GERALD L. RAGA JR.** 2/23/05 (813) 654-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #