2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State
07-06-2004 90007 045 ***550.00

DOCUMENT # P02000111317

1. Entity Name
HEAD QUARTERS DAY SPA, INC.

Principal Place of Business	Mailing Address
1610 ROUSE ROAD ORLANDO, FL 32817	1610 ROUSE ROAD ORLANDO, FL 32817

06302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1600 Rouse Rd.	1600 Rouse Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Orlando Fl.	City & State Orlando Fl.
Zip 32825 / Country Orange	Zip 32825 / Country Orange

4. FEI Number 51-0436250 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARVEY, CHERYL 1610 ROUSE ROAD ORLANDO, FL 32817	Name Betty A. Osborne Street Address (P.O. Box Number is Not Acceptable) 986 Tomes Ct. City Orlando FL Zip Code 32825

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: Betty A. Osborne Vice President Treasurer 6/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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 STREET ADDRESS CITY-ST-ZIP	PD HARVEY, CHERYL R 11717 SAWYER STREET ORLANDO, FL 32817	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD OSBORNE, BETTY A 10600 BLOOMFIELD DR APT 326 ORLANDO, FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Osborne, Betty A. 986 Tomes Ct. Orlando Fl 32825	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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)(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: Betty A. Osborne 6/30/04 321-303-6760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #