


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000129485  
1. Entity Name  
PROGRESSIVE TAN, INC.



Principal Place of Business 14219 WALSHINGHAM LARGO, FL 33774	Mailing Address 14219 WALSHINGHAM LARGO, FL 33774
---	---

**DO NOT WRITE IN THIS SPACE**



05082004 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1033807	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent  
  
KROPOLINSKY, BONNIE A  
14219 WALSHINGHAM  
LARGO, FL 33774

**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 file if applicable (NOTE: Registered Agent signature required when reinstating)

**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

U00000160576  
05/17/04-80004-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	OF ROPOLINSKY, BONNIE A 14219 WALSHINGHAM RD LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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: Bonnie Kropolinsky BONNIE KROPOLINSKY <sup>(727)</sup> 517-0807  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5-14-04