



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
 09-23-2004 5:00 PM  
 DIVISION OF CORPORATIONS  
 2004-OCT 9 PM 3:16

<b>DOCUMENT # P03000110002</b> 1. Entity Name <b>TAN SPAS, INC.</b>		
Principal Place of Business <b>4328 AUSTON WAY PALM HARBOR, FL 34685 US</b>		Mailing Address <b>4328 AUSTON WAY PALM HARBOR, FL 34685 US</b>
2. Principal Place of Business <b>664 EAST LAKE Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>3718 JACMEL WAY</b> Suite, Apt. #, etc.	
City & State <b>PALM HARBOR, FL</b>	City & State <b>PALM HARBOR, FL</b>	4. FEI Number <b>51-0486487</b>
Zip <b>34685</b>	Country <b>PINELLAS</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>FOX, GREGORY A 28050 U.S. 19 NORTH SUITE 100 CLEARWATER, FL 34685</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>P, D</b> <input checked="" type="checkbox"/> Delete NAME <b>TARA M. EVERETT</b> STREET ADDRESS <b>4328 AUSTON WAY</b> CITY-ST-ZIP <b>PALM HARBOR, FLORIDA 34685</b>	TITLE <b>P, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>GREGG EVERETT</b> STREET ADDRESS <b>4328 AUSTON WAY</b> CITY-ST-ZIP <b>PALM HARBOR, FLORIDA 34685</b>	
TITLE <b>VP, D</b> <input type="checkbox"/> Delete NAME <b>ALFREDO P. SCALZO</b> STREET ADDRESS <b>3718 JACMEL WAY</b> CITY-ST-ZIP <b>PALM HARBOR, FLORIDA 34685</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <b>S, D</b> <input checked="" type="checkbox"/> Delete NAME <b>GREGG EVERETT</b> STREET ADDRESS <b>4328 AUSTON WAY</b> CITY-ST-ZIP <b>PALM HARBOR, FLORIDA 34685</b>	TITLE <b>S, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>MICHELLE A. SCALZO</b> STREET ADDRESS <b>3718 JACMELWAY</b> CITY-ST-ZIP <b>PALM HARBOR, FLORIDA 34685</b>	
TITLE <b>T, D</b> <input checked="" type="checkbox"/> Delete NAME <b>MICHELLE A. SCALZO</b> STREET ADDRESS <b>3718 JACMEL WAY</b> CITY-ST-ZIP <b>PALM HARBOR, FLORIDA 34685</b>	TITLE <b>T, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>TARA M. EVERETT</b> STREET ADDRESS <b>4328 AUSTON WAY</b> CITY-ST-ZIP <b>PALM HARBOR, FLORIDA 34685</b>	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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.		
<b>SIGNATURE:</b>  <b>MICHELLE A. SCALZO, Secretary/Director</b> <b>9/2/04 929-939-1202</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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**FOX & FOX, P.A.**

Attorneys at Law

ROLAND FOX  
Of Counsel  
GREGORY A. FOX  
Board Certified in Taxation

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October 1, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

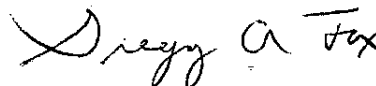
Re: Tan Spas, Inc.  
P03000110002

To whom it may concern:

The undersigned is the registered agent and attorney for the above referenced corporation. Please be advised that the corporation never received notice for the filing of the annual report. Request is hereby made that the penalty for the 2004 year be abated. If this penalty is abated then you should be able to accept the annual report as filed.

Please call if you have any questions concerning the above.

Very truly yours,



GREGORY A. FOX  
Attorney at Law