## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 23, 2006 08:00 AN Secretary of State

DOCI	IMENIT	*# <b>426</b> 1	158

1. Entity Name TANNING RESEARCH LABORATORIES, INC.



Principal Place of Business

1190 N. U.S. HIGHWAY 1 ORMOND BEACH, FL 32174-2997 Mailing Address

1190 N. U.S. HIGHWAY 1 ORMOND BEACH, FL 32174-2997



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01052006	No Chg-P	CR2E034 (11/05)	
4. FEI Number			Applied For
<u>59-1</u> 478	799		Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, LARRY L. 1190 N. U.S. HIGHWAY 1 ORMOND BEACH, FL 32174

TITT F NAME

TITLE

NAME STREET ADORESS

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

ADAMS, LARRY L. 687 OCEAN SHORE BLVD.

COLUCCIO, SHELLY

JESSEE, KAREN

ORMOND BEACH, FL 32176

689 WELLINGTON STATION #47 ORMOND BEACH, FL 32174

13 BULOW WOODS CIRCLE

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	named entity submits this statement for the p tions of registered agent.	surpose of changing its registered office	or registered agent, or both	, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and tille	if applicable, '(NOTE, Registered Agent sig	nature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, RONALD J 175 OCEANSHORE BLVD. ORMOND BEACH, FL 32176				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV SURRETTE, JACK E. 427 PALM AVENUE ORMOND BEACH, FL 32174		,	000000399230 02/01/06-80001-002 450.1)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVT JENNINGS, WILLIAM F. 19 WILD CAT LANE ORMOND BEACH, FL 32174		DO	NOT WRITE	

## IN THIS SPACE

FLAGLER BEACH, FL 32138 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 receive por 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.

386-677-9559 **SIGNATURE**∠ YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONT. P2