


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

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| DOCUMENT # K18585 1. Entity Name BODY SHOP EXPRESS, INC. |  |
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| Principal Place of Business 155 BULL RUN AVE OSTEEN, FL 32764 US | Mailing Address PO BOX 847 OSTEEN, FL 32764 US |
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02272004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2879530 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent MARTIN, ALBERT M. 155 BULL RUN AVE. OSTEEN, FL 32764 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000083541
03/10/04-80042-019 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARTIN, ALBERT M. 155 BULL RUN AVE OSTEEN, FL 32764 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MARTIN, JANICE M. 155 BULL RUN AVE OSTEEN, FL 32764 |
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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)(b), 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:

Albert M. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JANICE M. MARTIN 407-328-5207
3-8-05