

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99363

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: SPA'S ETC. OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

7117 ATLANTIC BLVD.  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

7117 ATLANTIC BLVD.  
JACKSONVILLE, FL 32211

**New Mailing Address:**

FEI Number: 59-2959875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRABTREE, R. R.  
136 EAST BAY STREET  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NEWSOM, SHELLMAN L.  
Address: 7117 ATLANTIC BLVD.  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: NEWSOM, CLAIRE T.  
Address: 7117 ATLANTIC BLVD.  
City-St-Zip: JACKSONVILLE, FL

Title: S (X) Delete  
Name: CORTEZ, ALFONSO  
Address: 5291 COLLINS RD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: T ( ) Delete  
Name: WILLIAMS, ANTHONY C  
Address: 264 S ORCHARD STREET  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WILLIAMS, ANTHONY C  
Address: 7117 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY WILLIAMS

T

04/05/2005

Electronic Signature of Signing Officer or Director

Date