


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000070952</b>	
1. Entity Name <b>WILD TROPICS TANNING SALON, INC.</b>	

Principal Place of Business <b>10144 US HIGHWAY 19 PORT RICHEY, FL 34668</b>	Mailing Address <b>10144 US HIGHWAY 19 PORT RICHEY, FL 34668</b>
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03192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3660485</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**8. Name and Address of Current Registered Agent**

**WOMMACK, DEBRA  
7325 DAGGETT TERRACE  
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE  
IN THIS SPACE**

I, 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:   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

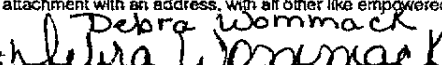
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOMMACK, DEBRA 7325 DAGGETT TERRACE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST BICKEL, KATHLEEN 10151 ARROW CREEK ROAD NEW PORT RICHEY, FL 34655
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	

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05/05/04-80057-013 150.00

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IN THIS SPACE**

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 this 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04  
Date

727-862-2030  
Daytime Phone #