2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90164 032 ***150.00

DOCUMENT # P00000079443

1. Entity Name
THE TANNING SPA #1, INC

Principal Place of Business	Mailing Address
1100 S. FEDERAL HWY., SUITE 4 BOYNTON BEACH, FL 33435	1100 S. FEDERAL HWY., SUITE 4 BOYNTON BEACH, FL 33435

04212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
19301 Green Grove CT	19301 Green Grove CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Loxahatchee, FL	City & State: Loxahatchee, FL
Zip: 33470 Country	Zip: 33470 Country

4. FEI Number: 65-1033636 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOYETTE, STEVEN
1100 S. FEDERAL HWY., SUITE 4
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 19301 Green Grove CT

City: Loxahatchee **FL** Zip Code: 33470

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	GOYETTE, STEVEN	
STREET ADDRESS	1100 S. FEDERAL HWY., SUITE 4	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05
Date

561-795-3662 OR 662-7170
Daytime Phone #