2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000110757

1. Entity Name
PENNY'S TROPICAL TAN, INC.

Principal Place of Business	Mailing Address
1688 U.S. HWY 90 WEST	1688 U.S. HWY 90 WEST
DEFUNIAK SPRINGS, FL 32433	DEFUNIAK SPRINGS, FL 32433

DO NOT WRITE IN THIS SPACE

03122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3690366	Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, MARK D
694 BALDWIN AVE STE 1
DEFUNIAK SPRINGS, FL 32435

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 _____

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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	00000000090614 03/17/04--80026--009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	KEETON, PENNY K
STREET ADDRESS	1688 U.S. HWY 90 WEST
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433

TITLE	
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CITY-ST-ZIP	

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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: _Penny K Keeton_   3-16-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #