

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90254 032 \*\*\*150.00

**DOCUMENT # P01000004101**

1. Entity Name

TROPICAL IMAGE TANNING SALON INC.



Principal Place of Business

12385 SORRENTO RD  
ST C-2  
PENSACOLA FL 32507

Mailing Address

12385 SORRENTO RD  
STE C-2  
PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3519981**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIXON, ROOSEVELT A  
12385 SORRENTO RD  
STE C-2  
PENSACOLA FL 32507

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete  
NAME NIXON, ROOSEVELT A JR  
STREET ADDRESS 9890 N LOOP RD #735  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **NIXON, ROOSEVELT A. JR**  
STREET ADDRESS **563 S. 61ST APT A**  
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE DV ☐ Delete  
NAME NIXON, ANTOINE  
STREET ADDRESS 9890 N LOOP RD #735  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE **JR. VICE PRESIDENT** ☒ Change ☐ Addition  
NAME **NIXON, ANTOINE**  
STREET ADDRESS **563 S. 61ST APT A**  
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE DP ☐ Delete  
NAME NIXON, MARILYN V  
STREET ADDRESS 115 GODFREY ST  
CITY-ST-ZIP BUFFALO NY 14215

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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 another like empowered.

SIGNATURE:

*Roosevelt A. Nixon Jr.* ROOSEVELT A NIXON JR PRES.

1-27-04

850-497-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #