


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000034965 1. Entity Name TAN EASY, INC.	
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Principal Place of Business 205 S WASHINGTON ST PERRY, FL 32347	Mailing Address P.O. BOX 813 PERRY, FL 32348
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DO NOT WRITE IN THIS SPACE

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03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3702394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LYNN, SHEILA
205 S WASHINGTON ST
PERRY, FL 32347**

**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 _____ (NOTE: Registered Agent signature required when reinstating)

**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**

DATE
04/26/04-80050-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LYNN, SHEILA 205 S WASHINGTON ST PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PUHL, STEFANI K 4247 SAN PEDRO BAY RD PERRY, FL 32347
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IN THIS SPACE**

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: *Sheila Lynn* **Sheila Lynn** **4-21-04** **850-584-4323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #