2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) Feb 23, 2004 8:00 am DOCUMENT # P01000038958 **Secretary of State** 1. Entity Name 02-23-2004 90052 016 ***150.00 A BEACHSIDE TANNING, INC. Principal Place of Business . Mailing Address 211 HANCOCK BOG PKAY 211 HANCOCK BOG PKAY CAPE CORAL FL 33990 CAPE CORAL FL 33990 2. Principal Place of Business 3. Mailing Address 211 HANCOCK BRIDGE all HANCOCK BRIDGE PKWY Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-1114315 CAPE CORAL CAPE CORAL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33990 33990 LEE LEFFee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANNING, DONALD E Street Address (P.O. Box Number is Not Acceptable) 1012 SE 12TH TERRACE CAPE CORAL FL 33990 City 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 apposture (required when reinstance). PILE NOW !!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TETE Delete TITLE Change marning Donald E 211 Hanlock Bridge Pluy Unit 7 Cape Coral, FL 32990 MANNING, DONALD E NAME STREET ADDRESS 8 DEL PRADO BLVD STE B STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-ZIP TITLE Z Delete TITLE ☐ Addition manning, Darlene, M MANNING, DARLENE M 211 Hancock Bridge PILWY Unit 7 NAME NAME STREET ADDRESS 8 DEL PRADO BLVD STE B STREET ADDRESS Cape Coral, FL 33990 CAPE CORAL FL 33990 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-7IP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DEGRECTOR

Daving Phone #