


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0100038958**  
 1. Entity Name  
**A BEACHSIDE TANNING, INC.**



Principal Place of Business <b>211 HANCOCK BRIDGE PKWY                  #7                  CAPE CORAL, FL 33990</b>	Mailing Address <b>211 HANCOCK BRIDGE PKWY                  #7                  CAPE CORAL, FL 33990</b>
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07102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1114315</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MANNING, DONALD E  
 1012 SE 12TH TERRACE  
 CAPE CORAL, FL 33990**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

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

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, DONALD E 211 HANCOCK BRIDGE PKWY UNIT 7 CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, DARLENE M 211 HANCOCK BRIDGE PKWY UNIT 7 CAPE CORAL, FL 33990
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**DO NOT WRITE 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:** *Darlene Manning* **7-13-05** **239-458-2880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #