


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000060697	
1. Entity Name REEL TAN II, INC.	

Principal Place of Business 12740-11 ATLANTIC BLVD. JACKSONVILLE, FL 32225	Mailing Address 334 E. DUVAL ST. JACKSONVILLE, FL 32202
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03152004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3233493	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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BARKER, EARL M JR 334 E DUVAL ST JACKSONVILLE, FL 32202	
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:	(NOTE: Registered Agent signature required when reinstating)	DATE:
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE-NAME DPT SPITZER, BROOKE L STREET ADDRESS 12740-11 ATLANTIC BLVD. CITY-ST-ZIP JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete
TITLE-NAME S FOSTER, HOLLYN J STREET ADDRESS 334 E. DUVAL ST. CITY-ST-ZIP JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Brooke L. Spitzer	3/18/04	(904) 278-7887
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			