## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000082396  1. Entity Name RELAXATION STATION, INC.							0'	SECRETARY TAILAHASS	PH 4:1	ATE PAIDA	
Principal Place	e of Business		Mailing Address	Mailing Address				11/17-2			
16034 US HV			16034 US HWY 19			İ					
HUDSON, FL 34667			HUDSON, FL 34667			İ					
						ľ					TOR II ETT
2. Principal Pl	lace of Business	,	3. Mailing Address	3. Mailing Address							
•			206 San Jose Drive				1 18811893 111 8	6191	#		MEI II IMB)
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			12082004	Chg-P	CR2E0	34 (10/03)	-i1.
											, K
City & State			City & State				4. FEI Number 59_3730	714			plied For Applicable
Zip Country			Dunedin, FL Zip Country				_ \$9.75 Additional				
			34698		JSA		5. Certificate of	f Status Desired		Fee Required	
	6. Name an	d Address of Current	t Registered Agent				7. Name and A	Address of New F	legistered i	Agent	
AND THE SECOND		Name	T 1	01							
WALLOT, I				Charos	is Not Acceptable	a)					
16034 US HUDSON,					0,,001,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
,			006	G	Durton			ĺ			
	$\overline{}$				City		San Jose	Drive	FL	Zip Code	,
	$\leftarrow$					<u>Dune</u>				Zip Code 34698	
		Jbmits this statement	or the ourpose of changing its	registere	ed office or	register	ed agent, or both	, in the State of Flo	orida. I am	familiar with,	and accept
the obligations of registered agent.											
SIGNATURE_	- 1 4		<u> </u>						مام	104	
	Signature, wheel or p	rinted name of registered agen	t and title if applicable. (NOT	negisiarei	G Agent signati	re required	when reinstating)		DATE		
Am	ended AB	) s \$61.25	9. Election Campa Trust Fund Cont	_	ncing 🗆		00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS	11.	*	_	ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	DPTS		Delete	TITLE	Ε	DPST				☐ Change	Addition
NAME	WALLOT, M		,	NAM		Fred	l Charos				
STREET ADDRESS	16034 US H				ET AODRESS		San Jose				
CITY-ST-ZIP	HUDSON, F	L 3400/				Dune	din, FL	<u>34698                                    </u>			
TITLE NAME			☐ Delete	TITLE						☐ Change	Addition
STREET ADDRESS				1	et address						
CITY-ST-ZIP					-ST-ZIP						
TITLE	-		☐ Delete	TITLE						Change	Addition
NAME			23 80,010	NAM							
STREET ADDRESS	:			STRE	ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITLI						☐ Change	Addition
NAME				MAM							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
				TITL		<del> </del>	<del></del>			Change	☐ Addition
TITLE NAME	İ		☐ Delete	NAM							Addition
STREET ADDRESS					EET ADDRESS		=11	0 <b>0043</b> 704-0104	405	163	
CITY-ST-ZIP				CITY	-ST-ZIP		12/14	/040104	8001	**51.	25
TITLE			☐ Delete	TITL	E					☐ Change	Addition
NAME				NAM	E						
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
12. I hereby of	certify that the in	nformation supplied wi	th this filing does not qualify for is true and accurate and that	r the exe	mption star طالحطه mption	ted in Se	ection 119.07(3)(i same legal effect	), Florida Statutes.	I further ce	rtify that the in	nformation or director
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 recuired by Chapter 697, Florida Statutes; and that my name appears in Block 10 or Block 11 if											
changed, or on an attremment with an address with all other like empowered.											
SIGNAT	IIRF.	- 1-116	$\Lambda$ $\Lambda h$		, `F	100		1219104	L		
SIGITAL	~···-	SIGNATURE AND TYPE OF	MINTED NAME OF DIGHTAL OF FLORE	OH DIREC	FOR		<del></del>	Date	1	Daytime Phone #	