

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

04 DEC 14 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000082396**

1. Entity Name  
**RELAXATION STATION, INC.**



Principal Place of Business  
**16034 US HWY 19  
HUDSON, FL 34667**

Mailing Address  
**16034 US HWY 19  
HUDSON, FL 34667**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**206 San Jose Drive**  
Suite, Apt. #, etc.

City & State  
**Dunedin, FL**

Zip  
**34698**

Country  
**USA**



12082004 Chg-P CR2E034 (10/03)

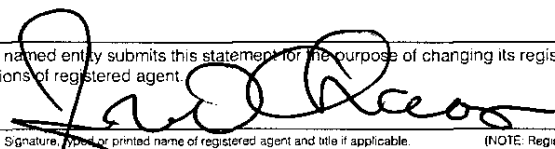
4. FEI Number  
**59-3739714**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WALLOT, MARK V  
16034 US HWY 19  
HUDSON, FL 34667**

7. Name and Address of New Registered Agent  
Name  
**Fred Charos**  
Street Address (P.O. Box Number is Not Acceptable)  
**206 San Jose Drive**  
City  
**Dunedin, FL** Zip Code  
**34698**

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 **12/9/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

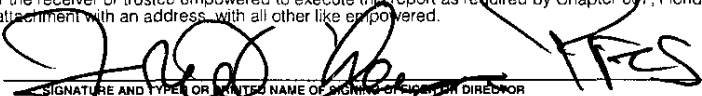
**Amended AR is \$61.25**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS WALLOT, MARK V 16034 US HWY 19 HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Fred Charos 206 San Jose Drive Dunedin, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12/14/04--01048--001 \*\*61.25

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 67, 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:  DATE **12/9/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR