

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 8:00 am
Secretary of State

05-03-2004 91014 006 ***150.00

DOCUMENT # P02000005875

1. Entity Name
TAN FASTIC TANNING & NAILS, INC.



Principal Place of Business
**5626 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34653**

Mailing Address
**5626 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34653**

66428473



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06072004 Chg-P CR2E034 (10/03)

4. FEI Number
30-0035163

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N
5626 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652**

7. Name and Address of New Registered Agent

Name
BLEWITT, ALAN

Street Address (P.O. Box Number is Not Acceptable)
5626 TROUBLE CREEK ROAD

City
NEW PORT RICHEY

FL Zip Code
34653

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 *Alan Blewitt*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-12-04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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
**DPTS
FABIAN, TRACY M
5626 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34653** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P/S/T.
BLEWITT, ALAN
5626 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34653** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Alan Blewitt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN BLEWITT

6-12-04

Date

Daytime Phone #