

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jun 05, 2006 08:00 AM  
Secretary of State**

**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**



05302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0035163</b>	Applied For <input type="checkbox"/> 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**

**BLEWITT, ALAN  
5626 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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	DPST
NAME	BLEWITT, ALAN
STREET ADDRESS	5626 TROUBLE CREEK RD.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *X Alan Blewitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #