

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008064

FILED  
Mar 21, 2005  
Secretary of State

Entity Name: COOL BEACH TANNING, INC.

**Current Principal Place of Business:**

4130 SO. THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

4130 SO. THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 55-0789358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYONS, JOANNE  
4130 SO. THIRD STREET  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LYONS, JOANNE  
Address: 612 CAMELLIA TER DR  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: V ( ) Delete  
Name: LYONS, JENNIFER  
Address: 612 CAMELLIA TER DR  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: S ( ) Delete  
Name: LOBS, MIRANDA  
Address: 10358 OLDE CYDESTTE CIR.  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE LYONS

P

03/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date