

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008413

FILED
Apr 21, 2005
Secretary of State

Entity Name: J&S TANNING SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

10771 BCH BLVD
STE 400
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

PO BOX 16952
J
JACKSONVILLE, FL 32245

New Mailing Address:

730 ROBERTS ROAD
JACKSONVILLE, FL 32259

FEI Number: 61-1411766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILCHRIST, JAMES A
10771 BEACH BOULEVARD
SUITE 400
JACKSONVILLE, FL 32246 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: PTD () Delete
Name: GILCHRIST, JAMES A
Address: 730 ROBERTS RD.
City-St-Zip: JACKSONVILLE, FL 32259

Title: SVD () Delete
Name: ORR, SYLVIA L
Address: 730 ROBERTS RD.
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAMES A. GILCHRIST

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date