


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000017989</b>		
1. Entity Name <b>TAMPA BAY SPAS, INC.</b>		

Principal Place of Business <b>210 S KINGS AVE N BRANDON FL 33594</b>	Mailing Address <b>210 S KINGS AVE N BRANDON FL 33594</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number **04-3609081** ☐ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent	
<b>CORSON, DAVID B 4602 RIVER OVERLOOK DR VALRICO FL 33594</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>RAGA, GERALD L JR.</b>
STREET ADDRESS	<b>14912 HERONGLN DR</b>
CITY-ST-ZIP	<b>LITHIA FL 33547</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>RAGA, KAREN K</b>
STREET ADDRESS	<b>14912 HERONGLN DR</b>
CITY-ST-ZIP	<b>LITHIA FL 33547</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>CORSON, DAVID B</b>
STREET ADDRESS	<b>4602 RIVER OVERLOOK DR</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>CORSON, ELIZABETH A</b>
STREET ADDRESS	<b>4602 RIVER OVERLOOK DR</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** *[Signature]* **GERALD L RAGA JR** 2/23/05 (813) 654-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #