

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041691

Entity Name: SPA INDULGENCES, INC.

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

6429 COW PEN RD  
U-202  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

2436 COURTLAND BLVD  
DELTONA, FL 32738

## Current Mailing Address:

6429 COW PEN RD  
U-202  
MIAMI LAKES, FL 33014

## New Mailing Address:

2436 COURTLAND BLVD.  
DELTONA, FL 32738

FEI Number: 04-3652962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEOUGH, BETZY S  
6429 COW PEN RD  
U-202  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

KEOUGH, BETZY S  
2436 COURTLAND BLVD.  
DELTONA, FL 32738 US

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:

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KEOUGH, BETZY  
Address: 6429 COW PEN RD U-202  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: KEOUGH, PAUL  
Address: 6429 COW PEN RD U-202  
City-St-Zip: MIAMI LAKES, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KEOUGH, BETZY  
Address: 2436 COURTLAND BLVD.  
City-St-Zip: DELTONA, FL 32738

Title: D (X) Change ( ) Addition  
Name: KEOUGH, PAUL  
Address: 2436 COURTLAND BLVD.  
City-St-Zip: DELTONA, FL 32738

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: PAUL A. KEOUGH

VP

04/25/2005

Electronic Signature of Signing Officer or Director

Date