

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000105889

1. Entity Name
THE BRAMHAM SPA CENTER, INC.



Principal Place of Business
**1014 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401**

Mailing Address
**1014 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401**



04182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0647824

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EAVENSON, SARA
1014 N. OLIVE AVE.
WEST PALM BEACH, FL 33401**

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BRAMHAM, ANNE**
STREET ADDRESS **3900 CARNATION CIR.**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **VP**
NAME **BRAMHAM, LEAH**
STREET ADDRESS **150 15TH CT**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **V**
NAME **EAVENSON, SARA**
STREET ADDRESS **400 OYSTER RD.**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **VP**
NAME **BEAVDON, CONNIE**
STREET ADDRESS **510 ARGYLE RD.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000118136
04/19/04-80047-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.16.04.