



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P030000203411			
1. Entity Name SOUTH TAMPA BODY WORKS, INC.			
Principal Place of Business 54 COLUMBIA DRIVE TAMPA, FL 33606		Mailing Address 54 COLUMBIA DRIVE TAMPA, FL 33606	
DO NOT WRITE IN THIS SPACE			
		01252005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1176180	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTHONY, MARIE 54 COLUMBIA DRIVE TAMPA, FL 33606		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000210183 02/02/05-80066-024 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PDS		
NAME	ANTHONY, MARIE		
STREET ADDRESS	54 COLUMBIA DR.		
CITY- ST- ZIP	TAMPA, FL 33606		
TITLE	VPDT		
NAME	ANTHONY, JEFF		
STREET ADDRESS	54 COLUMBIA DR.		
CITY- ST- ZIP	TAMPA, FL 33606		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
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 119.07(3)(f), 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: 		Trammy Jan 31-2005 (813) 810-361	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	