



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90134 035 \*\*\*158.75

<b>DOCUMENT # P03000043295</b> 1. Entity Name <b>JULIA'S TANNING, INC.</b>					
Principal Place of Business <b>587 BEVILLE ROAD</b> <b>DAYTONA BEACH FL 32119</b>				Mailing Address <b>587 BEVILLE ROAD</b> <b>DAYTONA BEACH FL 32119</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>58-2667078</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE      CR2E034 (10/04)	
6. Name and Address of Current Registered Agent  <b>FERRARA, JEFFREY J</b> <b>3128 MALDIVE CT</b> <b>DELTONA FL 32738</b>				7. Name and Address of New Registered Agent Name <b>Ferrara Jeffrey J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1000 Walker Street</b> <b>10t 86</b> City <b>Holly Hill</b> <b>FL</b> Zip Code <b>32117</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>FERRARA, JEFFREY J</b> STREET ADDRESS <b>3128 MALDIVE CT</b> CITY-ST-ZIP <b>DELTONA FL 32738</b>	TITLE <b>P. Ferrara, Jeffrey J.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>1000 Walker St. 10t 86</b> CITY-ST-ZIP <b>Holly Hill FL 32117</b>		TITLE <b>SCOLA, JULIA H</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>1330 KILLIAN ST</b> CITY-ST-ZIP <b>DAYTONA BEACH FL 32114</b>		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <b>SCOLA, JULIA H</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <b>SCOLA, JULIA H</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <b>Jeffrey J. Ferrara</b> <b>Jeffrey J. Ferrara</b> <b>4/20/05</b> <b>386 756-2266</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					