

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90269 030 ***150.00

DOCUMENT # P03000109243

1. Entity Name
TROPICAL TAN OF ST AUGUSTINE FL INC



Principal Place of Business
**3501-O N PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084**

Mailing Address
**11101 N HWY 129
BRANFORD, FL 32008**

94076471



2. Principal Place of Business

3. Mailing Address

2200 N. Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 10

City & State

City & State

Saint Augustine, FL

Zip

Country

Zip

Country

32084

USA

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0279255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURN, NANCY J
11101 N HWY 129
BRANFORD, FL 32008**

7. Name and Address of New Registered Agent

Name

Henry O'Connell

Street Address (P.O. Box Number is Not Acceptable)

2200 N. Ponce de Leon Blvd.

Suite 10

City

St Augustine

FL

Zip Code

32084

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** ☐ Delete
NAME **GATZKE, TERI A**
STREET ADDRESS **6524 BREVARD STREET**
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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:

Teri A. Gatzke

Date

Daytime Phone #

4/27/04 904-826-1956