


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90162 015 ***150.00

DOCUMENT # P03000109243 1. Entity Name TROPICAL TAN OF ST AUGUSTINE FL INC					
Principal Place of Business 3501-0 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084			Mailing Address 2200 N. PONCE DE LEON BLVD, SUITE 10 SAINT AUGUSTINE, FL 32084		
2. Principal Place of Business 208 SR 312		3. Mailing Address Suite, Apt. #, etc.			
City & State ST. A		City & State			
Zip 32086		Country		Zip 32086	
Country		Country		4. FEI Number 20-0279255	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BURN, NANCY J 2200 N. PONCE DE LEON BLVD, SUITE 10 SAINT AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name W. 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 <u><i>[Signature]</i></u> 2/24/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GATZKE, TERI A <input checked="" type="checkbox"/> Delete 6524 BREVARD STREET ST AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bruce, Charles O., Jr. 4468 Golf Ridge Dr. EIKton, FL 32033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bruce, Frances 4468 Golf Ridge Dr. EIKton, FL 32033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Trea <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bruce, Patricia 6443 Brevard St. Crescent Beach, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Charles O'Connell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/6/06 904- 826 -1414 <small>Date Daytime Phone #</small>		