

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109243

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: TROPICAL TAN OF ST AUGUSTINE FL INC

## Current Principal Place of Business:

208 SR 312  
ST AUGUSTINE, FL 32084

## New Principal Place of Business:

## Current Mailing Address:

2200 N PONCE DE LEON BLVD, STE 10  
ST AUGUSTINE, FL 32084

## New Mailing Address:

2825 LEWIS SPEEDWAY, STE 104  
ST AUGUSTINE, FL 32084

FEI Number: 20-0279255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'CONNELL, HENRY W  
2825 LEWIS SPEEDWAY  
SUITE 104  
SAINT AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

OCONNELL, WILLIAM H  
2825 LEWIS SPEEDWAY  
SUITE 104  
SAINT AUGUSTINE, FL 32084 US

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.

SIGNATURE: WILLIAM H. O'CONNELL

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRUCE, CHARLES O JR  
Address: 4468 GOLF RIDGE DR  
City-St-Zip: ELKTON, FL 32033

Title: VP ( ) Delete  
Name: BRUCE, FRANCES  
Address: 4468 GOLF RIDGE DR  
City-St-Zip: ELKTON, FL 32033

Title: ST ( ) Delete  
Name: BRUCE, PATRICIA  
Address: 6443 BREVARD ST  
City-St-Zip: CRESCENT BCH, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BRUCE, CHARLES O JR  
Address: 600 SUN DOWN CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP (X) Change ( ) Addition  
Name: BRUCE, FRANCES  
Address: 600 SUN DOWN CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA BRUCE

ST

04/22/2009

Electronic Signature of Signing Officer or Director

Date