

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000022497

1. Entity Name
ELITE TANNING INC.



Principal Place of Business

5085 HWY. 90
PACE, FL 32571 US

Mailing Address

5085 HWY. 90
PACE, FL 32571 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09112006

Chg-P

CR2E034 (11/05)

4. FEI Number
47-0938168

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMERON, JERED TODD
5711 WHISPERING WOODS DRIVE
PACE, FL 32571

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PRES ☐ Delete
NAME CAMERON, JERED TODD
STREET ADDRESS 5711 WHISPERING WOODS DRIVE
CITY-ST-ZIP PACE, FL 32571

TITLE TREA ☐ Delete
NAME CAMERON, CHASTITY M
STREET ADDRESS 5085 HWY. 90
CITY-ST-ZIP PACE, FL 32571

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 000080038320
CITY-ST-ZIP 09/21/06--01050--027 **150.00

TITLE Trea ☒ Change ☐ Addition
NAME Cameron, Chastity M.
STREET ADDRESS 5711 Whispering Woods Dr.
CITY-ST-ZIP Pace FL 32571

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-06
Date

830-994-6153
Daytime Phone #

20 9/20

FILED

06 SEP 19 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

