2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000086697

1. Entity Name
ARUBA TAN INC

FILED
05 SEP 19 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08272005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
3405 SW COLLEGE ROAD OCALA, FL 34474	3405 SW COLLEGE ROAD OCALA, FL 34474

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
20-1199206
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRESSER, YORK R
2300 SE 17TH STREET
SUITE 201
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name
Mary Keta Potapow
Street Address (P.O. Box Number is Not Acceptable)
6383 S.W. 21st Court Road
City Ocala **FL** Zip Code 34474

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 Mary Keta Potapow 9/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D PYLES, STEPHEN T DR 3405 SW COLLEGE ROAD OCALA, FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST MARY KETA POTAPOW 6383 S.W. 21st Court Road Ocala FL 34474 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PYLES, SARAH E 3405 SW COLLEGE ROAD OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000059884980 09/23/05--01009--002 **96.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mary Keta Potapow 9/2/05 (352) 237-3675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #