

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153837

FILED
Jan 06, 2005
Secretary of State

Entity Name: ISLAMORADA DAY SPA CORPORATION

Current Principal Place of Business:

#1 THE GALLERIA
80925 OVERSEAS HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

HWY P.O. BOX 812
ISLAMORADA, FL 33036

New Mailing Address:

P.O. BOX 812
ISLAMORADA, FL 33036

FEI Number: 56-2488386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, PATRICIA
117 SEASHORE DRIVE
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, JENNIFER L
Address: 180 SOUTH EXUMA ROAD
City-St-Zip: KEY LARGO, FL 33037

Title: VS () Delete
Name: STANLEY, PATRICIA
Address: 117 SEASHORE DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: T () Delete
Name: ESSLINGER, JOHN S
Address: 117 SEASHORE DRIVE
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: SMITH, JENNIFER L
Address: 180 SOUTH EXUMA ROAD
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the 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 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 STANLEY

VP

01/06/2005

Electronic Signature of Signing Officer or Director

Date