## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P04000158737

## **FILED** Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90326 002 \*\*\*150.00

RAGING SUN TANNING SALON OF NORTH PALM BCH, INC											
Principal Place of Business 10362 CARMEN LN ROYAL PALM BEACH, FL 33411		Mailing Address 10362 CARMEN LN ROYAL PALM BEACH, FL 33411				50037749					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04012005	Chg-P	CR	2E034 (10/03)	
City & State			City & State				4. FEI Numb	1-05	295		plied For t Applicable
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired S8.75 Additional Fee Required					fitional d
	6. Name and Address of Current	Regis					7. Name and Address of New Registered Agent				
HAYES, LAURA 10362 CARMEN LN ROYAL PALM BEACH, FL 33411				Street Address (P.O. Box Nymbox is 10th Acceptable)  LOW ter point & STATES  Clay Hour Palm Boh FL 3324/1							
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 appointable. (NOTE: Registered Agent signature requires when reinstating)  DATE											
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	00	9. Election Campa Trust Fund Cont			<b>\$5</b> . Add	.00 May Be ed to Fees				
10.	OFFICERS AND	DIREC	CTORS			ADDITIONS	CHANGES TO	OFFICERS.	AND DIRECTOR	S IN 11	
1111.6	Р	ΥΠL	E		1			Change	Addition		
NAME	HAYES, LAURA	MAN	-		,						
STREET ADDRESS CITY-ST-ZIP	10362 CARMEN LN   ROYAL PALM BEACH, FL 3341	·		EET ADDRESS ST-ZIP							
TITLE	S	TITL			· · · · · · · · · · · · · · · · · · ·	<del></del>		☐ Change	Addition		
NAME	2 25000				nE .					Change Land	
STREET ADDRESS	10362 CARMEN LN				eet address						
CITY - ST - ZIP	ROYAL PALM BEACH, FL 3341	CITY	/-ST-ZIP								
TILLE			■ Delete	TITL						Change	Addition
- Name - St <del>reet a</del> d <del>ores</del> s-				NAS SIR	AE EET ADDRESS						
City-ST-2IP			<del>-</del>		est izip		<del></del>		·		
TITLE			☐ Delete	TITL	£					Change	Addition
NAME				NA?	AE.						
STREET ADDRESS					EET ADDRESS						
City-St-7/P			-	-	7-ST-71P			·····			
TITLE NAME			☐ Detete	MAN						Change	Addition
STREET ADDRESS					EET ADORESS						
G/TY-ST-7IP					r-ST-71P						
TITLE NAME			☐ Dalete	TITL	1					☐ Change	☐ Addition
STREET ADDRESS	ADDRESS .				EET ADDRESS						Ī
CITY-SF-ZIP	*	B	7-SI-ZIP		•						
12. I hereby indicated of the co- changed	certify that the information supplied wit I on this report or supplemental report is poration or the receiver or trustee emp , or on an attachment with an address,	tithis f is true a cowere with al	iling does not qualify fo and accurate and that r d to execute this report i other like empowered	r the exe my signa as requ	emption state sture shall having the shall have shall be shall be stated by Chap	d in Se ve the ter 601	ection 119.07(3) same legat effe 7, Florida Statut	(i), Florida Śtatu ot as if made un es; and that my	tes. I furthe der oath; th name appe	r certify that the i at I am an office ars in Block 10 o	nformation or director r Block 11 if

SIGNATURES LAURA HAYES
SIGNATURE AND TYPED OF PRIME OF SIGNING OFFICER OF DIRECTOR