

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000026813**

1. Entity Name  
CONTINUOUS TANNING, INC.



Principal Place of Business  
2151 LOCH RANE BOULEVARD, SUITE 6  
ORANGE PARK, FL 32073

Mailing Address  
2640 BOTTOMRIDGE DRIVE  
ORANGE PARK, FL 32065

**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-2370912

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

THOMAS, KATHLEEN  
2151 LOCH RANE BOULEVARD, SUITE 6  
ORANGE PARK, FL 32073

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing.) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P THOMAS, KATHLEEN 2640 BOTTOMRIDGE DRIVE ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P THOMAS, GERALD L 2640 BOTTOMRIDGE DRIVE ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000709532  
04/25/07-80007-002 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** Kathleen Thomas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07 (904) 276-2688  
Date Daytime Phone #