

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057122

Entity Name: CABANA PALMS DAYSPA, INC.

FILED  
Mar 03, 2011  
Secretary of State

**Current Principal Place of Business:**

45 N ALABAMA RD, UNIT 1  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

400 LEE BLVD  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

45 N ALABAMA RD, UNIT 1  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

400 LEE BLVD  
LEHIGH ACRES, FL 33936

FEI Number: 30-0309755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GRAHAM, KELLY S  
45 N ALABAMA ROAD UNIT 1  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

GRAHAM, KELLY S  
400 LEE BLVD  
LEHIGH ACRES, FL 33936 US

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

03/03/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRAHAM, KELLY S  
Address: 507 MICHAEL AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP  
Name: GRAHAM, R JOHN  
Address: 507 MICHAEL AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby 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 all other like empowered.

SIGNATURE: KELLY GRAHAM

Electronic Signature of Signing Officer or Director

PRES

03/03/2011

Date