

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000101062

1. Entity Name  
THE SCRUB TUB, INC.



Principal Place of Business

5221 NORMA ELAINE RD  
WEST PALM BEACH, FL 33417

Mailing Address

5221 NORMA ELAINE RD  
WEST PALM BEACH, FL 33417

FILED

2008 JAN -8 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-5315445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HERNANDEZ, FERNANDO  
5221 NORMA ELAINE RD  
WEST PALM BEACH, FL 33417

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HERNANDEZ, FERNANDO  
STREET ADDRESS 5221 NORMA ELAINE RD  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE VP  
NAME RODRIGUEZ, DAMARIS  
STREET ADDRESS 5221 NORMA ELAINE RD  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000115858660  
01/23/08--01012--020 \*\*150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #